MAKE OUR CHILDREN HEALTHY AGAIN STRATEGY

Recommendations of the MAHA Commission to President Donald J. Trump

On February 13, 2025, President Trump signed Executive Order 14212 titled "Establishing the President's Make America Healthy Again Commission." The EO directed the Commission to submit to the President, through the Chair and Executive Director, the Make Our Children Healthy Again Assessment which was released on May 22nd. The EO further requires submission of a Make Our Children Healthy Again Strategy to the President and specifies that it should be based on the findings of the assessment and "shall address appropriately restructuring the Federal Government's response to the childhood chronic disease crisis, including by ending Federal practices that exacerbate the health crisis or unsuccessfully attempt to address it, and by adding powerful new solutions that will end childhood chronic disease."

The assessment identified four potential drivers behind the rise in childhood chronic disease that present the clearest opportunities for progress:

- **Poor Diet:** The American diet has shifted dramatically toward highly processed foods, leading to nutrient depletion, increased caloric intake, and exposure to potentially harmful or unhealthy additives. Nearly 70% of children's calories now come from highly processed foods, contributing to obesity, diabetes, and other chronic conditions.

- **Chemical Exposure:** Children are exposed to an increasing number of synthetic chemicals, some of which have been linked to developmental issues and chronic disease. The current regulatory framework should be continually evaluated to ensure that chemicals and other exposures do not interact together to pose a threat to the health of our children.

- **Lack of Physical Activity and Chronic Stress:** American children are experiencing unprecedented levels of inactivity, screen use, sleep deprivation, and chronic stress. These factors significantly contribute to the rise in chronic diseases and mental health challenges.

- **Overmedicalization:** There is a concerning trend of overprescribing medications to children, often driven by conflicts of interest in medical research, regulation, and practice. This has led to unnecessary treatments and long-term health risks.

This document outlines a strategic approach for executive actions to address the childhood chronic disease crisis through advancing research, realigning incentives, increasing public

awareness, and fostering private sector collaborations. Together, this strategy will translate the work of the MAHA movement to policies that make a transformative and lasting impact for Americans and end the childhood chronic disease crisis.

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- **Advancing Critical Research to Drive Innovation** – Pursue rigorous, gold-standard scientific research to help ensure informed decisions that promote healthy outcomes for American children and families and drive innovative solutions.

- **NIH MAHA Chronic Disease Task Force:** The NIH will convene a Task Force on Chronic Disease across the lifespan to leverage and align existing NIH research projects and initiatives with the MAHA strategy and to improve interagency coordination on chronic disease research and the generation of actionable results.

    - The task force will launch a new Whole-Person-Health approach to chronic disease prevention research and leverage collective expertise to catalyze transformative discovery science and intervention strategies that promote wellness, resilience, and optimal health across the lifespan.

    - Examples of new research initiatives will include the importance of sleep and nutrition, potential health benefits of select high-quality supplements, and using fitness as a vital sign.

- **Real World Data Platform (RWDP):** The NIH will link multifaceted datasets, e.g. claims information, EHRs, and wearables data, in a single integrated solution for researchers studying the causes of, and developing treatments for, the chronic disease crisis. The RWDP will eliminate redundancies from data collection, linkage, and compute infrastructures (AI/ML, high-throughput analytics) while maintaining rigorous privacy protections and consent protections, and will dramatically reduce administrative overhead by relying on a unified set of data use and governance agreements.

- **Non-Animal Methods(NAMs):)**: The expanded use of New Approach Methodologies can enable earlier, more predictive insights into chronic disease mechanisms using human-relevant models such as organoids, computational simulations, and real-world data integration, thereby improving prevention, diagnosis, and personalized treatment strategies while reducing reliance on animal studies that often fail to replicate complex human conditions. EPA, FDA, and NIH have both all committed to using NAMs moving forward when appropriate.

- **Cumulative Exposure:** EPA, USDA, and NIH will develop a research and evaluation framework for cumulative exposure across chemical classes. This research

will focus on using and developing NAMs and advancing the use of computational tools. Additional EPA research will focus on using NAMs and computational tools to improve methods for evaluating human health and environmental risks of chemical contaminants. Consistent with statutory obligations under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) and the Food Quality Protection Act (FQPA), EPA will focus on pesticides acting through a common mode of action.

- **Autism:** HHS through NIH in collaboration with CMS will study the root causes of autism, including through the Real-World Data (RWD) Platform and related initiatives.

- **Vaccine Injury:** HHS in collaboration with NIH/NIAID will investigate vaccine injuries with improved data collection and analysis, including through a new vaccine injury research program at the NIH Clinical Center that may expand to centers around the country.

- **Water Quality:** EPA and USDA, along with other relevant federal partners, in collaboration with NIH/NIEHS will assess ongoing evaluations of water contaminants and update guidance and prioritizations of certain contaminants appropriately. For example, EPA will review new scientific information on the potential health risks of fluoride in drinking water to inform CDC recommendations. Additionally, USDA, through its Research, Education, and Economics mission area, in consultation with the Farm Production and Conservation mission area, will continue research on ways to improve water quality and adoption of applicable conservation practices. This could also include research to inform the understanding of levels of pharmaceuticals in our water supply that could be adversely affecting animal and human health.

- **Air Quality:** EPA and NIH will study air quality impacts on children's health and utilize existing research programs to improve data collection and analysis.

- **Microplastics and Synthetics**: HHS, in collaboration with NIH and EPA, will complete an evaluation of the risks and exposures of microplastics and synthetics, including in common products such as textiles.

- **Prescribing Patterns and Impact on Mental Health:** HHS (inclusive of ACF, SAMHSA, FDA, NIH, and CMS) will form a mental health diagnosis and prescription working group to evaluate prescription patterns for SSRIs, antipsychotics, stimulants, and other relevant drugs for children and evaluate the therapeutic harms and benefits of current diagnostic thresholds, overprescription trends, and evidence-based solutions that can be scaled-up to improve mental health, including through school-based interventions, diet, and foster care services. NIH will conduct research as appropriate. FDA will update labels for older, generic drugs to better reflect the latest science.

- **Food for Health:** HHS, VA, and USDA will study the impact of programs that implement food and lifestyle interventions to improve health outcomes and decrease costs. The NIH Office of Nutrition will coordinate research initiatives to improve rigorous studies and maximize impact, including through large-scale randomized control trials.

- **Nutrition:** NIH will partner with FDA, USDA, and AHA to conduct high-quality nutrition research and ingredient assessments. NIH and HHS will take steps to fully utilize the newly created FDA and NIH Joint Nutrition Regulatory Science Program. USDA will prioritize precision nutrition research, which identifies how dietary exposures impact individuals, leading to more targeted nutritional recommendations. HHS will add questions to the National Survey of Children's Health that focus on nutrition.

- **Repurposed Drugs:** The NIH and FDA will jointly investigate opportunities to strengthen the use of repurposed drugs for the treatment of chronic disease, while harmonizing authorization processes through collaborative clinical trial designs to achieve FDA approval.

- **Childhood Cancer and AI:** NIH and OSTP will develop an evidenced based and AI-driven approach to harnessing the data and technology available to transform research and clinical trials on pediatric cancer. This can be a model for future research in other critical areas.

- **Precision Technology**: USDA and EPA will prioritize research and programs to help growers adopt precision agricultural techniques, including remote sensing and precision application technologies that will help growers further reduce pesticide usage. These research and programs should emphasize ways in which precision technology can help to decrease pesticide volumes and have a significant financial benefit for growers.

- **Oral Health & Systemic Disease Connection:** NIH and CDC will conduct comprehensive research examining the connections between pediatric oral health and chronic diseases (cardiovascular disease, diabetes, autoimmune conditions), early childhood cavities' impact on nutrition and cognitive development, and oral microbiome relationships with gut health and immune function in children.

- Microbiome Research Initiative: **NIH will continue to fund research to** deepen our understanding of the microbiome's critical role in chronic disease development and progression in children, to identify novel interventions that could transform preventive and therapeutic approaches.

- Longitudinal Research for Chronic Disease Prevention The NIH will leverage its extensive portfolio of longitudinal birth cohort data, including the Adolescent Brain Cognitive Development (ABCD) Study, Healthy Brain and

Child Development (HBCD) Study, All of Us Research Program, and Environmental Influences on Child Health Outcomes (ECHO) Program to deepen our understanding of chronic disease across the lifespan by elucidating root causes, identifying modifiable risk factors, and uncovering effective prevention strategies.

- **Longitudinal Pediatric Health Insights:** VA will provide the NIH critical data and metrics on ADHD, diabetes, and pharmaceutical usage among CHAMPVA beneficiaries under 18 to address longstanding gaps in pediatric research, particularly longitudinal analyses. With over 200,000 CHAMPVA beneficiaries in this age group, VA is uniquely positioned to track children's health journeys across the U.S. and will enter into a data-sharing agreement with NIH, excluding personally identifiable information (PII), to inform national strategies on early intervention, appropriate care utilization, and mental health policy.

- **Clinical Trial Networks:** NIH will strengthen pre-existing clinical trial networks through engagement with large public and private hospital systems, including the VA.

- **Electromagnetic Radiation:** HHS in partnership with other Departments and federal agencies will undertake a study on electromagnetic radiation and health research to identify gaps in knowledge, including on new technologies to ensure safety and efficacy.

- **Mental Health and Addiction Research**: The NIH (NIDA/NIMH/NICHD/NIAAA) working with HHS will strengthen existing research by directing funding for research on mental health and addiction, with a special focus on screentime use in children and adolescents.

- **Rural and Tribal Health:** NIH/NIMHD will convene a review of its research on health improvement in rural and tribal health for chronic childhood disease to ensure scientific rigor and that the field is free from ideological bias.

- **Artificial Intelligence:** HHS will prioritize research into the appropriate integration of AI when to assist in chronic disease care through earlier diagnosis, personalized treatment plans, real-time monitoring, and predictive interventions that prevent hospitalizations, reduce costs, and reduce the burden of chronic disease.

- **Realigning Incentives and Systems to Drive Health Outcomes**– Implement policy reforms, deregulation, and structural improvements that will drive advancements in innovation to create better options for American families and address the root causes of childhood chronic disease.

- **Policy Reforms:**

  - **Dietary Guidelines for Americans (DGAs):** USDA and HHS will release the 2025 - 2030 DGAs which will align with science, data, and healthy recommendations and will reform future DGA processes, including membership and scientific review.

  - **Food Dyes:** FDA will continue to advance and implement policies to limit or prohibit the use of petroleum-based food dyes (FD&C certified colors) in all food products approved in the U.S. The USDA will apply the framework to food served through federal nutrition programs, especially the school lunch program. USDA and HHS will work to develop research and policies to support domestic agriculture production of plants used as natural color sources. FDA will continue to expedite its review and approval of color additive petitions for colors from natural sources and explore ways to provide greater flexibility in connection with the use of "no artificial color" and other labeling claims.

  - **Post Market Review of Chemical Additives in Food:** FDA will continue to develop and implement an enhanced evidenced-based systematic process for the post-market assessment of chemicals in food, including food additives, color additives, GRAS substances, substances used in contact with food, and chemicals present as unintentional (for example, environmental) contaminants.

  - **Ultra-Processed Foods:** USDA, HHS, and FDA will continue efforts to develop a U.S. government-wide definition for “Ultra-processed Food” (UPF) to support potential future research and policy activity.

  - **Nutrition Labeling:** FDA will consider revisions to its proposed Front-of-Pack Nutrition Information rulemaking based on input received during the comment period and the forthcoming DGAs, once released, and will work toward development of a potential Front-of-Pack Nutrition Information final rule

  - **GRAS Reform:** FDA will update regulations to reform the “Generally Recognized as Safe” (GRAS) designation, within the scope of statutory authority, to ensure that all new food additives, meet applicable safety standards with increased transparency.

  - **Infant Formula:** FDA will modernize nutrient requirements, increase testing to help ensure access to high-quality and healthy infant formula sold in the United States and take steps to address potential barriers to innovation,

- **Breastfeeding:** USDA and HHS will work to increase breastfeeding rates, whether through the WIC program or other policies that support breastfeeding mothers, and will work with other federal partners to develop policies to promote and ensure a safe supply of donor human milk.

- **Improving Quality of Food Served to Veterans:** VA will implement the new Dietary Guidelines for Americans as the guiding policy for all meals served to veterans and veteran dependents at VA care facilities.

- **Healthy Food in Hospitals:** CMS and CDC should review and update existing guidance and regulations on providing high-quality and healthy food service in hospitals and encourage transparency.

- **Direct-to-Consumer Pharma Advertising:** FDA, HHS, The Federal Trade Commission (FTC), and DOJ will increase oversight and enforcement under current authorities for violations of direct-to-consumer (DTC) prescription drug advertising laws by prioritizing the most egregious violations including by social media influencers and DTC telehealth companies and demonstrating harm from current practices (including dissemination of risk information and quality of life through misleading and deceptive advertising on social media and digital platforms). The United States is one of two countries in the world which allow the pharmaceutical industry to market directly to consumers.

- **Guidelines to Limit the Direct Marketing of Certain Foods to Children:** Each year, billions of dollars are spent on targeted marketing of unhealthy foods to children via television and social media. HHS and FTC, along with other relevant agencies, will explore development of potential industry guidelines to limit the direct marketing of certain unhealthy foods to children, including by evaluating the use of misleading claims and imagery.

- **Conflicts of Interest:**

- FDA, EPA, and USDA will ensure that user-fee processes are transparent and efficient.

- HHS will require public reporting of research grants and consulting payments to entities that could create conflicts of interest and strengthens recusal requirements for advisory committee members.

- HHS will require advisory committee members to recuse themselves from particular matters that will have a direct and predictable financial effect on directly the financial interests of the individual involved.

- HHS will establish a public database to disclose financial relationships, mandate recusal requirements consistent with the Federal Advisory Committee Act (FACA) for individuals/organizations with conflicts of interest, and prioritize the use of independent, conflict-free research for federal health guidelines.

- NIH will establish a publicly accessible researcher payment database tracking health industry payments to researchers, similar to CMS's Open Payments system for physicians

- As part of USDA's research security initiative, USDA will mandate research applicants complete a disclosure—updated annually—of the amount, type, and source of all current and pending research support receive by, or expected to be received by, the applicant at the time of the disclosure, and certify the disclosure is current, accurate, and complete.

- **Agency Foundation Capture:** The HHS Secretary will direct the FDA, CDC, and NIH to review participation in any projects or initiatives funded by food and pharmaceutical companies through the CDC Foundation, Foundation for the NIH, or the Reagan-Udall Foundation (FDA). The Secretary will require more transparency, as well as additional guardrails needed to protect public health from corporate influence.

- **Address Excessive Open Access Payments to Scientific Journals:** NIH will develop new policies to reduce excessive payments to scientific journals for open access publishing.

- **Gold Standard Science in Research:** The NIH will establish new mechanisms to strengthen Gold Standard Science, including capacities for high-quality systematic reviews, incentives for replication and reproducibility, the identification of evidence gaps and the development of a Scholars Program to address the quality crisis in scientific peer-review and publishing.

- **Medical School Curriculum and Accreditation:** The current monopolies that exist for the accreditors of medical education programs have led to declining standards that fail to keep up with the needs of patients. HHS and CMS should use its regulatory authorities to bring in competing accreditors of medical education programs, including those with a focus on treating the root causes of chronic disease in the United States. Accreditation reform can increase nutrition education and ensure medical school curricula better align with making America healthy again.

- **Water Quality:** The CDC, informed by data and the scientific review from NIH/NIEHS and EPA, will update recommendations regarding fluoride in water.

- **Vaccine Framework:**

    - DPC and HHS will develop a framework focused on:

        - Ensuring America has the Best Childhood Vaccine Schedule

        - Addressing Vaccine Injuries

        - Modernizing American Vaccines with Transparent, Gold-Standard Science

        - Correcting Conflicts of Interest and Misaligned Incentives

        - Ensuring Scientific and Medical Freedom

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- **USDA Nutrition Programs:** USDA will use its authorities to prioritize whole, healthy foods across its 16 nutrition programs.

- **Supplemental Nutrition Assistance Program (SNAP):** USDA will continue providing states with technical assistance in waiver development and implementation.

- **MAHA Boxes:** USDA will develop options to get whole, healthy food to SNAP participants.

- **Expanded Food and Nutrition Education Program (EFNEP):** USDA will explore options to improve EFNEP programming and service delivery.

- **Fitness:** HHS and ED will help states and schools relaunch the Presidential Fitness Test.

- **Head Start Nutrition**: ACF and USDA will support the implementation of new Dietary Guidelines for Americans (DGA) through supporting access to CACFP and the National School Breakfast and Lunch programs in Head Start providers and will provide supplemental funding opportunities to support the provision of whole, healthy foods in Head Start programs.

- **Early Childhood Nutrition**: ACF will partner with the U.S. Department of Agriculture's Food and Nutrition Service to promote

healthy meals in child care settings through collaboration between USDA's Child and Adult Care Food Program and ACF's Child Care and Development Fund.

- **Early Childhood Physical Activity**: ACF will promote greater physical activity in afterschool and out-of-school time programs, including programs receiving child care subsidies.

- **Medicaid Quality**: CMS will collaborate with states to establish quality metrics for Medicaid managed care organizations (MCOs) that promote measurable health improvements through nutrition coaching and other fitness indicators (e.g., predicted VO_2 Max).

- **Medicaid Care Delivery**: CMS may collaborate with states to enhance prior authorization requirements and establish prescribing safeguards to address the overuse of medications in school-age children—particularly for conditions such as ADHD.

- **Child Health Insurance Program (CHIP):** Collaborate with and support state CHIP programs in promoting evidence-based prevention and wellness initiatives for children at the local level.

- **Quality Measurement:** HHS and CMS will refine quality measurement to promote children's health outcomes rather than just healthcare utilization.

- **Price Transparency:** HHS, Treasury, and Labor will fully implement hospital and insurer price transparency so that Americans are in control of managing their healthcare.

- **Direct Primary Care:** HHS will promote increased accessibility to direct care models for families.

- **Sunscreen:** FDA will promote innovation in the sunscreen market, and improve regulatory processes for over-the-counter sunscreen, which has fallen behind other countries.

- **<u>Process Efficiencies and Deregulation</u>**

- **Agriculture Deregulation:**

- Streamline organic certification processes and reduce costs for small farms transitioning to organic practices.

- Eliminate unnecessary bureaucratic barriers for Community Supported Agriculture (CSA) programs and direct-to-consumer sales.

- Reduce regulatory compliance burdens for small farms,
    - Streamline and digitize USDA application processes
    - Generate reliable access to credit
    - Improve land acquisition and permitting processes
    - Promote transition to the next generation
    - Provide greater access to markets and infrastructure
    - Enhance risk management and business planning tools
    - Enhance and promote educational series
- Improve the farm-to-school grants application process to better connect local producers to schools.

- **Food Deregulation:**
    - Remove restrictions on whole milk sales in schools, allowing districts to offer full-fat dairy options alongside reduced-fat alternatives.
    - Eliminate mandatory reduced-fat requirements in federal nutrition programs (WIC,) to allow consumer choice.
    - Remove barriers preventing small dairy operations from processing and selling their own milk products locally.
    - Eliminate zoning restrictions that prevent mobile grocery units from serving food deserts.
    - Fast-track permits for grocery stores in underserved areas.
    - Work with grocers on sustainable incentive programs that provide fresh, frozen, canned, or dried fruits and vegetables.
    - Provide additional guidance on HACCP (Hazard Analysis Critical Control Points) requirements for very small meat processors serving local markets.
    - Provide additional support for mobile processing units serving multiple small farms.
    - Remove barriers preventing healthcare providers from discussing nutrition and lifestyle interventions
        - Reform outdated and unnecessary food standards of identity that stifle innovation and no longer protect consumer interests.
        - Review regulations for outdated methodologies that inhibit the use of gold standard science for regulatory decision-making.

- Remove or amend regulations with outdated submission requirements (e.g. paper records) that present obstacles for submission and use of modern analytical techniques.

- Withdraw outdated or obsolete guidance documents to reduce regulatory burden, eliminate potential confusion, and to better reflect modern practices.

- Explore opportunities to introduce flexibility in manufacturing requirements while maintaining high standards to protect public health.

- **FDA:** FDA will work to eliminate regulatory burdens that impose costs and delays on bringing transformative treatments to patients without improving safety, such as:

  - Discarding animal testing requirements, reducing clinical trial costs, and implementing a Commissioner's voucher program to prioritize products aligned with national interests.

  - Streamlining the use of certain investigational drugs for Phase I clinical trials through targeted and risk-based exemptions to speed the access of investigational drugs to patients.

  - Update, as appropriate, policies that delay availability of accurate personal health and digital health tools.

  - Facilitate the use of regenerative medicine innovation by modernizing policies as clinical data is established.

- **EPA Process Improvements**:

  - Work to reform the approval process for the full range of products to protects against weeds, pests, and disease to increase the timely availability of more innovative growing solutions for farmers.

  - Consider increased categorical exclusions for low-volume meat processing operations from water discharge and hazardous waste permitting, and work with states to fast-track approvals to strengthen regional meat infrastructure and improve access to fresh protein in schools and communities.

  - Ensure flexibility for farms to manage manure and process water without triggering industrial-grade permitting requirements and avoiding the forced mandates of costly technologies or practices that do not consider geography, weather, species, and operation size.

- More clearly define post-harvest rinse and wash water as non-hazardous under the Resource Conservation and Recovery Act (RCRA) to relieve fruit/vegetable packers and producer handlers—especially smaller operations—of unnecessary wastewater treatment burdens.

- **Real World Evidence:** The FDA should work to make available and use real-world-evidence to understand the long-term impact of FDA regulated medical products.

- **Government Data for Research:** Loosen policies that govern the publication and sharing of de-identified government data sets, so that researchers can better study underlying disease across the population without compromising the privacy and security of protected health information.

- **<u>Agency Restructuring</u>**

  - HHS will undergo comprehensive reorganization to create the Administration for a Healthy America (AHA), a new agency structure specifically designed to coordinate and lead the federal government's response to the chronic disease crisis through integrated prevention-focused programs and streamlined accountability

  - HHS and DPC will re-evaluate the goals and impact of the Forum on Child and Family Statistics and suggest changes to improve the focus on childhood chronic disease.

  - EPA will use the newly announced Office of Applied Sciences and Environmental Solutions to refocus research initiatives to better support agency statutory responsibilities throughout the agency and coordinate with states on emerging environmental issues to create tangible solutions that can be more easily deployed.

  - EPA will use the increased scientific capacity in the Office of Chemical Safety and Pollution Prevention and the Office of Water to ensure more timely reviews to bring more advanced technology and science to inform decisions.

- NIH to launch a new Office of Research Innovation, Validation, and Application (ORIVA) to develop, validate, and scale New Approach Methods (NAMs), such as organ-on-a-chip, micro-physiological systems, and computational biology, to complement animal testing with more predictive human-relevant models, and serve as an interagency coordination hub.

- NIH to develop a new Office of Research Innovations, Planning, and Analysis (ORIPA) to improve portfolio analysis, research prioritization,

innovation, and Meta-Science, with an initial focus on the chronic disease portfolio.

- NIH will also direct resources in ORIPA to solve the scientific reproducibility and replicability problem.

- **Increasing Public Awareness and Knowledge** – Promote public awareness and knowledge of concerns that effect children and empower parents to make informed choices by increasing transparency and access to reliable health and nutrition information. These efforts will help foster trust and encourage healthier lifestyles in American families.

  - **Cross Agency Coordination**: Communication strategies across agencies will be coordinated to better inform the public, especially parents and caregivers, about how environmental factors can affect children's health outcomes, harnessing visual storytelling techniques and making science more accessible.

  - **School Campaign:** HHS will work with States and schools across the country to launch a *Make American Schools Healthy Again* campaign using a toolkit of innovative interventions,

  - **Using Data Tools Focused on Children**: EPA, with support of other relevant agencies, will expand the America's Children and the Environment (ACE) tool, to track -priority indicators that align with EPA and other agency statutory obligations using available nationally representative federal data, which can allow for the generation of reports and the building of supporting communication tools such as story maps that can convey technical information to the public.

  - **President's Task Force on Environmental Health Risks and Safety Risks to Children**: As Task Force leaders, HHS and EPA will utilize the Task Force to share information, coordinate efforts, and develop interdepartmental strategies to support the work in protecting and promoting children's environmental health and safety.

  - **EPA's Children's Health Protection Advisory Committee**: EPA will task this advisory committee to focus on advancing research and communication recommendations that align with the implementation of the MAHA strategy elements.

  - **Dietary Guidelines for Americans (DGAs):** USDA and HHS will launch an education campaign based on the updated DGAs. The campaign will expand upon a DGA that prioritizes whole foods including protein foods, fruits,

and vegetables, minimizes highly processed foods and added sugar, and brings awareness to strategies to improve health.

- **"Food for Health"**: Emphasize how proper nutrition prevents and can help reverse chronic diseases and maintain general health.

- **"Real Food First"**: Prioritize whole, minimally processed foods over packaged and highly processed alternatives.

- **"Healthy Foods and Healthy Families"**: Empower families with practical knowledge, including food preparation methods, to make healthy choices regardless of budget or location.

- **Fluoride:** CDC and USDA will educate Americans on the appropriate levels of fluoride, clarify the role of EPA in drinking water standards for fluoride under the Safe Drinking Water Act, and increase awareness of the ability to obtain fluoride topically through toothpaste. FDA will evaluate high dose liquid drop and tablet (consumable) dosages indicated for children and remove unsafe products. FDA will also take action against unapproved products, often marketed as supplements.

- **Pesticides**: EPA, partnering with food and agricultural stakeholders, will work to ensure that the public has awareness and confidence in EPA's robust pesticide review procedures and how that relates to the limiting of risk for users and the general public.

- **Fitness**: The Trump Administration will re-invigorate the President's Council on Sports, Fitness, and Nutrition and utilize influential council members to inspire American children, especially before the U.S. hosts the FIFA World Cup in 2026 and the Olympics in 2028.

- HHS will launch the Prevent and Reverse Chronic Disease Challenge Competition as a multi-pronged challenge competition to engage with Americans across the lifespan to encourage healthier lifestyles and reduce chronic disease risk factors, including through nutrition and exercise modifications. A main theme through this challenge competition will be focused on "Your Everyday Olympian" and inspire youth to engage in physical activity. Through this challenge, HHS will include the Presidential Youth Fitness Program and engage with youth across the country.

- **Screen Time:** Surgeon General will launch an education and awareness initiative on effect of screens on children and the actions being taken by states to limit screentime at school.

- **Alcohol, Controlled Substances, Vaping and THC Impact:** Surgeon General will launch an education and awareness initiative on the impact of alcohol, controlled substances, vaping, and THC on children's health.

- **Illegal Chinese Vapes:** FDA and ATF will increase enforcement on illegal Chinese manufactured vaping products, and educate parents and businesses that the Administration will not allow unapproved vaping products targeting children to continue flooding our country.

- **7-hydroxymitragynine (7-OH):** FDA will educate the public regarding the dangers of synthetic opioids products such as 7-OH (which is distinct from natural kratom) and coordinate enforcement against dangerous unlawful products being marketed to American children.

- **OxyContin**: FDA will update OxyContin labeling to warn patients and consumers about the dangers of chronic use.

- **Medical Evidence:** NIH will create public-facing clinical transparency reviews to help patients and healthcare professionals make evidence-based treatment decisions.

- **Pediatric Mental Health:** Ensure the Pediatric Mental Health Care Access Program at HRSA is effective at providing access to pediatric mental health professionals. Youth anxiety and depression are increasing and are linked to factors such as screen time, vaping, poor nutrition and lack of physical fitness.

- **Community Overdose Response Training for Schools and Libraries:** Launch a national initiative to train staff in school-based health centers and public libraries on how to recognize and respond to opioid overdoses. HHS will also fund Naloxone (Narcan) supply to participating sites.

    - Overdose deaths increasing occur in public areas (schools, libraries, recreation centers), often before emergency services can arrive. Empowering community staff with the proper training can help save lives.

- **<u>Fostering Private Sector Collaboration</u> –** Foster public-private partnerships for MAHA initiatives to accelerate innovation in health-focused technologies, agricultural solutions, and healthier nutrition outcomes. These partnerships can ensure increase access to effective solutions for American families.

- **Community-Level Transformations**: HHS may leverage available funding, as consistent with the statute, to drive community-led initiatives aimed at measurably reducing chronic disease in children. This might involve local school leadership promoting increased physical activity during the school day. In parallel, pediatric care teams could engage parents and students on

the importance of healthy eating and nutrition education. Additionally, local health navigators could support family lifestyle changes.

- **Whole, Healthy Foods:** HHS, USDA, ED, VA, and DOD will work to improve access to whole, healthy foods in government-funded nutrition programs and meals, including in school meals, prisons, and VA hospitals, and ensure the availability of nutritious whole food for populations in need.

- **Food Dyes and Other Additives and Ingredients:** HHS and FDA will continue working with industry partners in support of the phase out and abandonment of petroleum-based food dyes (FD&C certified colors) and other potential food additives of concern and will highlight success stories of the private sector. HHS and FDA will work with government partners and industry to find ways to lower added sugar and sodium in packaged foods.

- **Fertility:** HHS will launch a MAHA education campaign to improve health and fertility in women and men seeking to start a family. This will influence adolescent health through early adoption of lifestyles that held avoid development of root cause issues that impact adult fertility in the 20s, 30s, and 40s.

  - The HHS Root Causes of Infertility Award Challenge Competition is a national call to action to address the root causes of infertility and improve maternal and infant health outcomes. This initiative seeks identify existing and new solutions to prevent, diagnose, and treat root causes of infertility, including chronic reproductive health conditions, and provide answers to families, improve health outcomes, and ensure a brighter future for parents and infants across the United States.

  - HHS will develop a partnership to create an Infertility Training Center to serve and train Title X clinics to identify, treat, and refer for the underlying causes of infertility, such as chronic reproductive health conditions.

- **Soil Health and Stewardship of the Land:** USDA and EPA will promote and incentivize farming solutions that focus on soil health.

  - Empower farmers and keep solutions voluntary by expanding programs like the Environmental Quality Incentive Program and Conservation Stewardship Program, all while avoiding burdensome mandates; keep decision making local and practical with solutions from the farm, not Washington, D.C.

  - Strengthen food security and production through the prioritization of the acres of shovel ready conservation projects already planned by farmers.

- Prioritize practices that farmers want and trust like Prescribed Grazing, Soil Health Systems, and Water Management to keep working lands profitable and productive.

- Provide growers with new tools to maintain and better enable soil health practices.

- **Precision Agriculture**: USDA and EPA will launch a partnership with private-sector innovators to ensure continued investment in new approaches and technologies to allow even more targeted and precise pesticide applications. This can support increased crop productivity and reduce the total amount of pesticides needed. These partnerships should focus on precision application methods, including targeted drone applications, computer-assisted targeted spray technology, robotic monitoring, and related innovations.