July 17, 2025

The Honorable Robert F. Kennedy Jr.
Secretary
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

RE: *Make Our Children Healthy Again*: *Assessment*

Dear Secretary Kennedy,

On behalf of the American Academy of Family Physicians (AAFP), which represents over 128,300 family physicians and medical students across the country, we appreciate the opportunity to provide thought partnership on the key drivers of chronic disease in children and collaborate in shaping policy priorities to make America's children healthy again. Family physicians provide comprehensive, longitudinal primary care services for patients throughout their life. This includes care during pregnancy, the perinatal period, and infancy, as well as throughout childhood, adolescence, and adulthood. Because they are trained to care for patients across the entire lifespan, family physicians are uniquely positioned to understand how early-life experiences and health interventions shape long-term outcomes. This lifelong perspective enables them to offer valuable insights into how a child's early health can influence their well-being for years to come.

The AAFP appreciates the Trump Administration's dedication to addressing rising rates of chronic illness among American children, as family physicians work to address these issues every day, in practices across America. We also agree with many of the concerns raised by the Presidential Commission to Make America Healthy Again (MAHA) in its "Make Our Children Healthy Again" assessment. We have long advocated, both to policymakers and directly to our patients on the importance of nutrition, physical activity, and environmental health as key components of disease prevention, and are heartened by your whole-of-government approach to address the barriers to optimal health for all American children. Concurrently, we encourage an approach that maintains trust in health care and regulatory institutions, especially with regard to the recommendations individual physicians make to their patients, as they are the most trusted source of health information for Americans.[i] The AAFP remains committed to evidence-based, interprofessional efforts that promote equal opportunities for health improvements while fostering constructive dialogue among health care stakeholders. **We urge the Commission to engage with a broad range of stakeholders, including AAFP in policy discussions to ensure well-informed, science-driven solutions that support the well-being of all American children.**

1133 Connecticut Ave., NW, Ste. 1100
Washington, DC 20036-1011

info@aafp.org
(800) 794-7481
(202) 232-9033 www.aafp.org

The Shift to Ultra-Processed Foods

The AAFP appreciates the MAHA Commission's focus on the increasing consumption of ultra-processed foods (UPFs) and its contribution to the growing burden of diet-related chronic diseases. Family physicians, serving underserved and rural Americans more than any other specialty, witness the devastating effects of poor nutrition in clinical practice daily. They regularly provide nutrition counseling to guide patients toward dietary choices that prevent and manage chronic diseases.[ii] Hence, we strongly support advancing evidence-based policy actions that promote nutrition literacy, healthy eating, and provide access to healthy foods to ensure all Americans can meet their full health potentials.

To promote healthy dietary choices nationwide, as outlined in our April 2025 comments to the FDA, **we urge the Commission to support the FDA in finalizing their proposed Front-of-Package labeling requirement which would provide children and their families clear, interpretive information on sodium, saturated fats, and added sugars in foods that bear a Nutrition facts label.** If finalized, this rule would take a crucial step to equipping American families with the knowledge to make their children healthier by making more informed dietary choices.

However, nutrition education cannot drive meaningful change without *access* to nutritious foods for all Americans. **Federal investment in programs that improve access to nutritious foods can instill lifelong healthy habits that strengthen long-term population health and reduce the burden of obesity and chronic disease on American dollars and lives.** Family physicians regularly rely on these investments to connect their food-insecure patients with federal programs and community resources that provide them access to healthy foods. For example, federal programs, including the Supplemental Nutrition Assistance Program (SNAP), Food Is Medicine (FIM), and Medicare and Medicaid nutrition initiatives are critical to addressing chronic diseases, improving health outcomes, and reducing health care costs. To strengthen these programs, this Commission must also consider the socioeconomic dynamics they operate in. While the assessment reports that high-income nonparticipants fare better on key health indicators than children on SNAP, this disparity reflects the access and affordability challenges to nutritious foods rather than a shortcoming of the program itself. The assessment goes on to rightly acknowledge that SNAP not only increases access to nutritious foods but also incentivizes healthier choices, demonstrating its value in shaping long-term health outcomes. **We urge this Commission to prioritize access and affordability of healthy foods in their recommendations to ensure that nutrition programs, like SNAP, fulfill their intended purpose and truly improve public health.** Strengthening federal nutrition programs will drive meaningful reductions in diet-related chronic disease prevalence and ensure all American children, regardless of socioeconomic status, can achieve lasting health and well-being.

The Cumulative Load of Chemicals in our Environment

The AAFP also commends the Commission for recognizing the critical role environmental factors play in shaping public health. Family physicians witness firsthand the harmful effects

of environmental toxins on patients and communities, particularly in rural, underserved, and low-income populations, where exposure disproportionately drives chronic disease among children and adults. Thus, the AAFP strongly supports federal efforts to reduce exposure of environmental toxins, and we believe that strengthening research and regulatory protections is essential to improving long-term health outcomes and preventing chronic disease in children. We also oppose any attempts to limit public access to essential health research, as transparency in environmental health data is vital for shaping effective, evidence-based policies.

To that end, **we urge the Commission to invest in gold-standard, environmental health research to assess the cumulative impact of toxins on children's health, and inform future, evidence-based and comprehensive policy actions**. The CDC, EPA, and FDA remain the cornerstone of the nation's chemical surveillance and public health response, yet recent restructuring and workforce reductions have jeopardized their ability to safeguard children from harmful pollutants. As highlighted in our April 2025 letter to Congress, **we urge the commission to prioritize reinvesting in the CDC's environmental health functions.**

Additionally, we encourage the Commission to recognize the built environment—housing, schools, workplaces, and transportation—as a key determinant of exposure. Federal investment in built infrastructure and air quality is essential to mitigating harmful exposures and fostering healthier communities for all American children. For example, since 2016, the 'Pathways to a Healthy Kansas' initiative, supported by Blue Cross and Blue Shield of Kansas, has partnered with the CDC's Chronic Disease Risk Reduction Grant Program to support community-driven efforts, like food pantries and community bike share programs, to promote healthy living. With CDC support, the Pathways program has helped over 24 Kansas counties implement projects that boost physical activity, healthy eating, and tobacco-free lifestyles.

The Crisis of Childhood Behavior in the Digital Age

The AAFP also appreciates the Commission highlighting the impact of poor digital hygiene and sedentary behavior on children's mental and physical health. We strongly support coordinated policy action to protect youth privacy and mental health on social media and promote regular physical activity for healthy development. While family physicians consistently work with their patients to address these issues, the digital age presents escalating mental health risks that demand broader federal support for early behavioral health screenings and interventions. **To drive meaningful change, this Commission's recommendations must prioritize behavioral health integration within primary care and ensure adequate funding to deliver these critical services and safeguard America's children in the digital age.**

Building on this administration's commitment to strengthening prevention and primary care, we urge this Commission to champion policy actions that curb the growing impact of sedentary digital behavior on children's mental and physical health. The recent restructuring at HHS and the creation of the Administration for a Healthy America (AHA) provides this

administration with an opportunity to drive meaningful policy solutions that build on existing work as well as implementing new reforms:

1. **Uplift existing agency actions working to improve children's health:**
    a. Allocate resources to SAMHSA programs, such as the Community Mental Health Services Block Grant, which support vital community-based and state-administered preventive and early intervention mental health services for children and teens.
    b. Allocate resources to HRSA programs, such as the 'Walk with a Doc' program, which many of our members utilize, to support physicians who incorporate physical activity interventions, particularly in underserved areas.

2. **Reduce unintended barriers to behavioral health care for low-income children by ensuring Medicaid agencies strengthen primary care access in compliance with Mental Health Parity laws.** Children are being denied the preventive, relationship-based care they need due to inadequate physician reimbursement, unaffordable co-pays, and excessive prior authorizations. Without urgent action, these barriers will continue to fuel the alarming trends this Commission has rightly identified.

3. **Invest in gold-standard primary care research at AHRQ to develop evidence-based clinical guidelines and public education campaigns on increasing physical activity and reducing screen time.** We urge this commission to prioritize vital primary care and preventive research functions within AHA to inform comprehensive, and long-term solutions to children's health and safety nationwide.

<u>The Overmedicalization of Our Kids</u>

We urge this Commission to approach "overmedicalization" with nuance, as oversimplifying its drivers risks undervaluing physician judgment, eroding public trust, and harming public health. This issue manifests in two distinct ways, each requiring a tailored response: (1) Providing the *right* care for children with chronic conditions; and (2) Preventing the *wrong* care from inappropriate prescribing. Precision in this narrative is vital to protect public trust and children's long-term wellbeing.

1. **Providing the *right* care for children with chronic conditions.**

The AAFP supports this Commission's belief that healthy children should require fewer treatments. However, **limiting treatment options will not improve health outcomes if the root causes of chronic disease remain unaddressed.** Instead, this Commission must advance recommendations to prevent the root causes of chronic disease it has already identified in this report: poor nutrition, a lack of physical activity, and exposure to environmental toxins.

We also urge careful consideration in how behavioral health treatments are presented in this assessment and reflected in subsequent policy recommendations to avoid discouraging patients from seeking essential care. Many chronic conditions are not preventable and will

require lifelong management. Conditions such as anxiety disorders, depression, and ADHD are diagnosed by qualified health care professionals with robust clinical criteria and treated with evidence-based pharmacological, and non-pharmacological approaches.

Additionally, the reported increase in behavioral health prescriptions for children reflects better recognition of mental and neurodevelopmental conditions, and expanded access to care— especially in primary care settings, where family physicians often serve as the first and only source of behavioral health care.[iii,iv] A growing body of research affirms the safety and effectiveness of these treatments, especially when paired with comprehensive primary care that addresses patients' health and social needs. For example, family physicians regularly rely on behavioral health care research and guidelines from the U.S. Preventive Services Task Force (USPSTF) to ensure their prescribing decisions align with clinical needs, patient preferences, and the best available science. We urge policymakers to continue championing evidence-based guidelines to ensure vital treatments are prescribed appropriately. For many patients, properly managed behavioral health medications and therapy are not only critical to stability and quality of life—they can be lifesaving. To support high-quality care, we also encourage the Committee to invest in continuing physician education focused on best practices in pediatric diagnosis, risk-benefit assessment, and long-term monitoring. **Amid the worsening youth mental health crisis in the U.S., this Commission has the critical opportunity to promote access to care without stigma and reinforce trust in the clinical expertise of medical providers to make patient-centered, evidence-based clinical decisions.**

2. Preventing the *wrong* care from inappropriate prescribing.

While the AAFP shares this Commission's concerns about inappropriate prescribing, we caution against interpreting population-level increases in prescriptions as evidence of clinical overuse, particularly in the absence of data showing harm from guideline-concordant care. **Rather than focusing narrowly on prescription volume, we encourage you to address a key driver of inappropriate medication use: care fragmentation from limited access to primary care services.**

When patients bounce between providers without coordinated support for their physical, behavioral, and social health needs, overprescribing becomes more likely. Stronger federal investment in primary care access is essential to reduce unnecessary medication use and unlock long-lasting improvements to children's wellbeing. We recommend this Commission advance policies that expand Medicaid and CHIP coverage for primary care services, including health-related social needs and non-clinical interventions. Also, physician payment models must reflect the time and resources required for effective preventive and primary care. As noted in our September 2024 comments to CMS, the **AAFP urges this Commission to recommend reforms to physician reimbursement and the primary care exception to support early and preventive physical and behavioral health care for children, reducing unnecessary prescriptions and ensuring evidence-based care for those who truly need it**. This will support family physicians in delivering the thoughtful, patient-centered care this Commission seeks to promote. Further, this commission can advance CMMI's interest in strengthening value-based care by recommending alternative payment models that reward

and leverage the high-value role of comprehensive primary care services that can reduce the prevalence of chronic diseases in children, long-term.

Access to preventive medicine is essential to safeguarding children's health, and vaccines remain one of the most effective tools to prevent disease incidence and improve health outcomes. The AAFP agrees with this Commission's statement that "vaccines benefit children by protecting them from infectious diseases." As we have consistently advocated, we urge the MAHA Commission to protect vaccine access for vulnerable populations and to ensure that vaccination policies remain guided by rigorous scientific evidence. These decisions must rest with qualified experts in medicine and public health who are best equipped to uphold the safety and well-being of all children.

To further mitigate this Commission's concerns on inappropriate prescribing while balancing critical access to appropriate treatment, we recommend you consider policy actions that increase investment in accredited academic and association Continuing Medical Education (CME) programs. These programs deliver evidence-based education that helps providers stay up to date on the best, evidence-based prescribing practices and enhances clinical decision-making to support safe and effective care.

The AAFP shares this Commission's commitment to a health care system centered on prevention, evidence-based practice, and responsible medical interventions – key pillars of primary care. Family physicians embody these principles daily, serving as trusted voices in their communities and regularly guiding their patients through complex chronic disease care. Their frontline expertise makes them indispensable partners in shaping effective policy solutions. As such, we urge this Commission to actively engage family physicians on MAHA policymaking to protect access to care, curb unnecessary medicalization, and advance children's health.

We appreciate the opportunity to provide our thoughts on this assessment and look forward to collaborating with the MAHA Commission on future policy actions to make America's children healthy again. For additional questions, please contact Kate Gilliard, Senior Manager, Federal Policy and Regulatory Affairs, at kgilliard@aafp.org.

Sincerely,

Steve Furr, M.D., FAAFP

Steven Furr, MD, FAAFP
American Academy of Physicians, Board Chair

[i] "KFF Tracking Poll on Health Information and Trust: January 2025 | KFF." *KFF*, 12 May 2025, www.kff.org/health-information-trust/poll-finding/kff-tracking-poll-on-health-information-and-trust-january-2025/.

[ii] Barreto T, Jetty A, Eden AR, Petterson S, Bazemore A, Peterson LE. Distribution of Physician Specialties by Rurality. J Rural Health. 2021 Sep;37(4):714-722. doi: 10.1111/jrh.12548. Epub 2020 Dec 4. PMID: 33274780.

[iii] Mulvaney-Day N, Marshall T, Downey Piscopo K, Korsen N, Lynch S, Karnell LH, Moran GE, Daniels AS, Ghose SS. Screening for Behavioral Health Conditions in Primary Care Settings: A Systematic Review of the Literature. J Gen Intern Med. 2018 Mar;33(3):335-346. doi: 10.1007/s11606-017-4181-0. Epub 2017 Sep 25. PMID: 28948432; PMCID: PMC5834951.

[iv] Schrager SB. Integrating Behavioral Health Into Primary Care. Fam Pract Manag. 2021 May-Jun;28(3):3-4. PMID: 33973750.