



April 29, 2025

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

The Honorable Marty Makary, MD
Commissioner
U.S. Food and Drug Administration
Department of Health and Human Services
10903 New Hampshire Ave
Silver Spring, MD 20993

Submitted electronically via regulations.gov

Re: FDA-2024-N-2910; Food Labeling: Front-of-Package Nutrition Information

Dear Dr. Makary,

On behalf of the American Academy of Family Physicians (AAFP), which represents 128,300 family physicians and medical students across the country, I write in response to the [proposed rule](#) published in the Federal Register on January 16, 2025, regarding the requirement of Front-of-Package (FOP) nutrition labels on most foods that bear a Nutrition Facts label.

The CDC links over 70% of U.S. deaths from chronic diseases to poor nutrition.ⁱ Further, the crisis of poor nutrition disproportionately impacts the 13.5 million U.S. households currently struggling with food insecurity. Family physicians, who serve underserved and rural Americans more than any other specialty see these gaps firsthand. Immediate and comprehensive action to promote nutrition education and combat food insecurity is crucial to ensure all Americans live healthier and longer lives.

The AAFP commends the FDA's proposal to establish a required FOP label to ensure that consumers have access to clear and useful nutritional information. This proposed rule would enable consumers of all health literacy levels to access comprehensible information about the levels of sodium, saturated fats, and added sugars in most foods that bear a Nutrition Facts label, increasing their likelihood of making healthier choices and preventing the development of diet-related chronic disease.

The AAFP recommends the FDA:

- **Finalize the requirement of a FOP label with interpretive information about the levels of sodium, saturated fats, and added sugars in foods that bear a Nutrition facts label, as proposed.**
- **Support HHS investment in federal programs that link nutrition education with access to nutritious foods for all Americans.**

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The United States is facing an exigent health crisis of diet-related chronic diseases, including type 2 diabetes, heart disease, and stroke. In 2020, a staggering 60% of adults across the nation were living with one or more diet-related chronic diseases.ⁱⁱ These conditions are not only deteriorating the nation's health but also increasing the risk of cancer, causing premature deaths, and driving up healthcare costs to unsustainable levels.ⁱⁱⁱ This unfettered rise has cost the U.S. an estimated \$1.1 trillion each year in healthcare spending and lost productivity.^{iv}

At the heart of this epidemic lies a critical issue: the widespread lack of access to healthy, nutritious foods. Food insecurity continues to be associated with worse nutrition, higher rates of diet-related diseases, and greater healthcare spending for Americans.^v From 2021 to 2023, food insecurity in the U.S. affected 1 in 7 American households.^{vi} And these households experienced higher rates of chronic diseases than those with high food security.^{vii} Further, access to nutrition is crucial for addressing the widespread and disparate impact of food insecurity across the U.S., which disproportionately affects rural counties. These counties make up 62% of all U.S. counties, and in 2022, 9 of the 10 counties with the highest food insecurity rates were rural. Southern states in the nation also faced the highest regional rates of poor access to nutritious foods, with 8 out of 10 high food insecurity counties being in the South.^{viii}

AAFP supports access to clear nutrition information to enhance health for all Americans.

The AAFP [supports](#) evidence-based nutrition policies to ensure all people can access nutritious foods. As the first point of contact for most patients, family physicians consistently provide evidence-based nutrition counseling that complements chronic disease care management and guide patients towards healthful dietary choices across their lifespans.

On February 12, 2025, Dr. Sarah Nosal, MD, FAAFP, President-elect of the American Academy of Family Physicians testified before the Senate Special Committee on Aging. In her [testimony](#), she describes her typical patient as someone with multiple chronic conditions. She notes that her typical patient “presents with cane in hand, living with HIV, diabetes, hypertension, and chronic kidney disease.” As a result, at every visit, she provides “patient-tailored counseling on diet and physical activity.” Her testimony underscores a critical reality: family physicians are indispensable in managing diet-related chronic conditions and offering nutritional guidance throughout patients’ lifespans. And that indispensable role has proven to be highly trustworthy to Americans in 2025. The 2025 KFF Tracking Poll on Health Information and Trust revealed that 85% Americans have either a “great deal” or a “fair amount” of trust in their doctor to make the right health recommendations, surpassing trust in key health agencies and public health officials.^{ix} These results reflect how vital physicians are to promoting public health. **Protecting, leveraging, and investing in the patient-**

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physician relationship is crucial for Americans to get, and stay, healthy. For people living with chronic health conditions, healthy foods are particularly vital in promoting disease management, treatment compliance, and reducing the reliance on prescription medications. We believe that patients who are educated about their health are better equipped to prevent disease and manage any chronic health conditions that may arise.

All consumers, regardless of health literacy or demographics, deserve the opportunity to make healthy dietary choices. Thus, the AAFP supports the FDA's proposed rule to establish a required FOP label to ensure that consumers have access to clear and useful nutrition information. If finalized, this proposed rule would empower consumers by providing quick and easy access to clear information about nutrients to limit in their diets, such as sodium, saturated fats, and added sugars, displayed on most foods with a Nutrition Facts label. Also, it would require the FOP label scheme to interpret the relative amounts of these key nutrients per serving with "High," "Medium," and "Low" descriptions per nutrient.

With diet-related chronic diseases like obesity and type 2 diabetes on the rise, it is imperative for the FDA to enforce the Nutrition Labeling and Education Act of 1990. This act mandates that nutrition information be presented in a way that is observable, understandable, and useful to consumers. Now more than ever, the FDA must finalize this proposed rule to ensure that consumers have the information they need to make healthier choices. Although consumers recognize the connection between healthy foods and better health outcomes, few examine the Nutrition Facts label for nutrients like sodium, saturated fat, and added sugars, which are crucial for preventing diet-related chronic conditions.^x Additionally, as noted in the proposed rule, the Nutrition Facts label alone is insufficient to encourage all consumers across varying demographics to choose healthy foods. And regular use of Nutrition Facts is often lower among men, individuals with lower education levels, and those with poorer health outcomes.^{xi}

Regarding the components of the FOP label, we believe the "High," "Medium," and "Low" interpretive descriptions per nutrient on the label will enable consumers to make healthier food choices quickly. The proposed rule outlines the FDA's research demonstrating that individuals of all sexes, ages, races, ethnicities, educations, and nutrition knowledge can easily understand these descriptions for key nutrients like sodium, saturated fats, and added sugars. This approach ensures that all people, regardless of background, can make informed dietary decisions.

Finalizing this proposed rule would position the United States among the many countries investing in consumer health through mandatory FOP label schemes. As of February 2025, over 40 countries, including the United Kingdom, France, Argentina, Canada, Singapore, and Thailand, have implemented voluntary or mandatory FOP label schemes.^{xii} Thus,

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implementing the proposed FOP label scheme would not only promote healthier dietary choices on a national scale, but would also demonstrate the United States' commitment to public health on a global scale.

In agreement with the FDA, the AAFP also believes that a quantitative statement of calories in the FOP label scheme will not provide additional interpretive information to help consumers make healthy choices and therefore does not need to be included. Since this information is already available on the Nutrition Facts Label, and the FOP label will only appear on products with a Nutrition Facts Label with this information, excluding the redundant calorie statement is appropriate. Additionally, the inclusion of a quantitative statement of calories would diminish the quick and interpretive intention of the FOP label scheme. As the FDA states in the proposed ruling, estimated energy requirements (EERs) for calories are based on healthy individuals' age, sex, weight, height, and physical activity level. Therefore, it is unnecessary to include quantitative calorie values on the FOP label. These values differ significantly among individuals and require more nuanced interpretation, making them less practical than the qualitative and universally applicable nutrition levels proposed in this rule.

Sustained federal investment is crucial for nationwide access to nutrition.

The AAFP applauds the FDA's proposed rule to promote healthy eating and calls on HHS to sustain this momentum by prioritizing investments in federal programs that guarantee all Americans access to nutritious foods. A 2023 systematic review published in the Journal of Food Policy highlights that nutrition labels alone have limited effectiveness in changing dietary choices.^{xiii} More proactive measures, such as public education and improved food access, are essential to amplify the impact of FOP labeling. Maintaining public health interventions that extend beyond labeling, including the FDA and FTC's efforts to ensure accurate and truthful advertising of healthy food products, are also vital in steering consumers towards healthier dietary choices.

The role that family physicians play in nutrition counseling goes beyond dietary guidance. They regularly identify patients with food insecurity and connect them to federal programs and community resources to support their access to healthy foods. For example, federal programs, including the Supplemental Nutrition Assistance Program (SNAP), Food Is Medicine (FIM) programs, and Medicare and Medicaid nutrition initiatives, are critical to addressing chronic diseases, improving health outcomes, and reducing healthcare costs. Sustained investment from the FDA and HHS in these programs fully align with the administration's mission to reduce chronic disease burden for all Americans and make America healthy again. The rise of inter-agency collaboration on Food Is Medicine (FIM) particularly highlights the success of nutritional intervention to combat chronic disease burden.

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Programs under the Food Is Medicine initiative, including medically tailored meals (MTMs), produce prescriptions, and nutrition education, exemplify the transformative power of food-based interventions. Recent data highlights their effectiveness: MTMs alone could prevent 1.6 million hospitalizations and save \$13.6 billion annually, while produce prescriptions show immense potential in preventing cardiovascular events and enhancing quality-adjusted life years.^{xiv} Medicaid and Medicare Advantage (MA) nutrition initiatives are also vital to ensure millions of Americans in need can access nutrition through these programs. With over 85 million Medicaid beneficiaries and 65 million Medicare enrollees, many disproportionately affected by diet-related diseases, nutritional support is crucial. In 2020, nearly 1 in 4 Medicare beneficiaries faced obesity or both cardiovascular disease and obesity.^{xv} As of 2024, 21 states have advanced or approved Section 1115 demonstrations expanding nutrition coverage, benefiting over 49 million Medicaid recipients through these waivers.

To sustain progress, federal investments must continue to prioritize evidence-based strategies that eliminate disparities in food access, promote preventive health measures, and empower Americans to adopt healthier lifestyles. By bridging the gap between education, access, and nutrition services, these efforts are instrumental in building a healthier nation for all.

We appreciate the opportunity to provide comments on this proposed rule. Should you have any questions, please contact Sahana Chakravarti, Regulatory Specialist, at schakravarti@aafp.org

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP". The signature is written in a cursive, flowing style.

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

ⁱ CDC. Healthy Food Environments. Nutrition. Published May 22, 2024.
<https://www.cdc.gov/nutrition/php/healthy-food-environments/index.html>

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