CENTER FOR
Science IN THE
Public Interest
The nonprofit publisher of Nutrition Action

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Dockets Management Staff (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Re: Food Labeling: Front-of-Package Nutrition Information, A Proposed Rule by the Food and Drug Administration (Docket No. FDA-2024-N-2910)

Dear Dockets Management Staff:

The Center for Science in the Public Interest (CSPI) respectfully submits the following comments on the U.S. Food and Drug Administration's (FDA's) proposed rule to require front-of-package nutrition labels (FOPNL) on foods. CSPI is a non-profit consumer education and advocacy organization that has worked since 1971 to improve the public's health through better nutrition and safer food. CSPI has an extensive history of advocating for policies that aim to improve the nutritional quality of the US diet through food labeling, menu labeling, restaurant nutrition standards, school meals and competitive foods nutrition standards, and federal dietary guidance. CSPI publishes *Nutrition Action* (NA) and is supported by the subscribers to NA, individual donors, and foundation grants. CSPI is an independent organization that does not accept any corporate donations.

CSPI has long advocated for FOPNL, first petitioning FDA to adopt a FOPNL system in 2006.[1] In 2022, CSPI, the Association of SNAP Nutrition Education Administrators, and the Association of State Public Health Nutritionists filed an updated petition calling for mandatory, interpretive, nutrient-specific front-of-package nutrition labels.[2] We are thrilled that FDA has taken the important step of proposing such a FOPNL system for the United States.

Providing and contextualizing basic nutrition information on the front of food packages improves the ability of consumers to make informed decisions in the marketplace. Seventeen countries around the world have already mandated FOPNL systems, and real-world evidence shows the potential of FOPNL to improve the nutritional quality of food purchases and spur industry reformulation.

In this comment, we convey the following feedback regarding FDA's proposed rule:

1. There is a clear need for FOPNL in the United States to address high rates of chronic disease.

2. We support the following aspects of FDA's proposal:
    a. We support the FOPNL system being mandatory.
    b. We support the FOPNL system using interpretive text and symbols to enhance consumer understanding.
    c. We support the FOPNL system only including key nutrients to limit and excluding positive nutrients.
    d. We support requiring the FOPNL to be placed in the upper third of the principal display panel.

e. We support FDA's proposal, as part of this rulemaking, to revise the low sodium nutrient content claim definition to align it with the latest science and ongoing sodium reduction efforts.

3. We encourage FDA to make the following changes when finalizing this rule:
    a. Consider the vast body of evidence showing "High In" labels are effective and modify the proposed FOPNL design to reflect that evidence.
    b. Require FOPNL on foods marketed for infants and toddlers in addition to foods marketed for individuals aged 4 years and older.
    c. Require that FOPNL on products with 2-3 servings per container reflect the contents per container, not per serving.
    d. Mandate prominent disclosures on the front of products containing low-/no-calorie sweeteners (LNCS) to discourage industry reformulation with additives that are not recommended for children.

4. We encourage FDA to develop a consumer education campaign to accompany the release of the FOPNL system.

Our detailed comments are as follows:

1. There is a clear need for FOPNL in the United States to address high rates of chronic disease.

Diet and nutrition have a significant impact on health. Poor nutrition has contributed to the rise in U.S. obesity rates and the prevalences of heart disease, type 2 diabetes, cancer, stroke, and other chronic conditions. Nearly half of U.S. adults (47 percent) have high blood pressure, a major risk factor for heart disease and stroke, over half of U.S. adults have either diabetes (14 percent) or prediabetes (46 percent), and 42 percent of U.S. adults have obesity.[3] The prevalence of diet-related chronic conditions among children and adolescents is also high. [4] The good news is that diet quality is a modifiable risk factor and improving diet and nutrition can reduce the burden of chronic disease and improve health.

Consumer interest in healthier foods is also on the rise, but labels do not always make it easy for consumers to identify healthy choices and comply with dietary guidance. Nutrition Facts labels are important tools for helping people select healthy foods and limiting less healthy foods, and they display a % Daily Value (DV) that is meant to convey how a particular food can fit into the total daily diet. However, only 40 percent of U.S. adults report consistently using the Nutrition Facts label when deciding to buy a food product[5] and regular use of the Nutrition Facts label varies across the U.S. population, with lower use among men, those with lower education levels, those with lower incomes, and those with limited English proficiency.[6,7,8] Furthermore, only 63 percent of adults understand how to interpret the %DV and only 57 percent know how to tell when a food is "High" in a nutrient, with lower rates among those with less education.[9]

Additional nutrition labeling that is interpretive, prominently displayed on the front of food packages, and provides a more accessible description of certain information contained in the Nutrition Facts label can empower consumers to make healthier choices. Dozens of countries have implemented FOPNL, and over one hundred experimental and real-world studies have tested the effects of different FOPNL systems.[10,11,12,13] These studies find that well-designed interpretive FOPNL can significantly improve the healthfulness of foods selected by consumers and prompt product reformulation. The United States should learn from

experiences abroad and follow the science to select a system with optimal potential to promote equitable access to information, improve diets, promote reformulation, and advance public health.

2. We support the following aspects of FDA's proposal:

a. We support the FOPNL system being mandatory.

Mandatory labeling policies are more effective than voluntary policies, which tend to have inconsistent uptake by food manufacturers. For example, Australia adopted a voluntary FOPNL policy in June 2014. Five years later, the voluntary Health Star Rating label appeared on less than half of eligible products (41 percent).[14] France adopted a voluntary Nutri-Score label in 2017, and the label only appeared on brands accounting for 50 percent of sales volume in 2020.[15] Endorsement logos (*i.e.*, labels that endorse a particular food as healthy) such as the Scandinavian Keyhole and Choices logo have also faced low uptake by industry, leading the World Health Organization Regional Office for Europe to recommend that countries implementing FOPNL "explore ways to overcome issues with uptake of the FOPL system in the marketplace, including through mandatory implementation."[16]

FOPNL is inherently less useful when inconsistently applied across the food supply. When voluntary FOPNL is missing from some products, consumers cannot be certain why the label is absent (Is the product not healthy? Or did the manufacturer just not choose to use the label?), and thus cannot use the FOPNL information to compare products and guide their decisions.

Furthermore, when front-of-package summary rating systems are voluntary, companies may selectively apply labels to products that will look more appealing with the label. In Australia, products displaying the voluntary Health Star Rating label had a significantly higher average rating compared to products not displaying the label (3.4 stars versus 2.6 stars, $p<0.001$).[17] In France, a government report found evidence that companies are more frequently using Nutri-Score labels if they sell products that earn a rating of A or B (as opposed to C, D, or E). The report determined that Nutri-Score ratings on retailer-owned brands are more likely to accurately reflect the actual distribution of ratings in the food supply compared to national brands because retailer brands typically span various product categories and if they affix the Nutri-Score label to some products within the brand, they are required to affix it to all. By contrast, national brands are often limited to narrower categories and may choose whether or not to apply Nutri-Score labels depending on the nutrition profile of their products. The report found that 73 percent of products from national brands with voluntary Nutri-Score labels had ratings of A or B compared with only 37 percent of products from retailer brands.[18] Given the critical goal of addressing overconsumption of added sugars, sodium, and saturated fat in the United States, FOPNL should not appear on only the healthiest foods.

b. We support the FOPNL system using interpretive text and symbols to enhance consumer understanding.

The FDA's 2023 food labeling literature review and focus group findings showed that interpretive labels (*e.g.,* those that indicate when foods are "high" in added sugar, sodium, and/or saturated fat) are helpful for consumers, because they provide context for how consumers should interpret the numbers on the Nutrition Facts panel in the context of a total daily diet.[19,20] This finding is consistent with a multi-year review by the National Academy of Medicine (formerly the Institute of Medicine), which recommended the adoption of interpretive FOPNL and concluded: "an approach that provides nutrition information

only and is not interpretive would have limited success in encouraging healthier consumer food choices and purchase decisions."[21]

The current Nutrition Facts label offers only numeric information, including the %DV. The %DV, while marginally "interpretive" in that it offers additional meaning and context beyond a mere declaration of amount, relies exclusively on the use of numbers to convey that information, meaning it requires greater nutritional knowledge, English proficiency, literacy, and numeracy skills to interpret. As previously described, only 40 percent of U.S. adults report consistently using the Nutrition Facts panel when deciding to buy a food product, and individuals with lower levels of educational attainment, income, or English proficiency are even less likely to regularly use the labels.[22]

By contrast, interpretive (rather than solely numeric) FOPNL provides information that is more accessible, conveying what %DV defines a food as being high (or high, medium, or low) in a nutrient. Studies show that such interpretive FOPNL systems are more effective than non-interpretive (*i.e.,* solely numeric) systems like Facts Up Front, an industry-developed voluntary label that repeats information from the Nutrition Facts label on the front of package without any additional interpretive signals. Facts Up Front-style labels—including the Guideline Daily Amounts (GDA) label that FDA tested in its experimental study—have significantly weaker effects on consumer knowledge, including the ability to identify products that are more healthful, compared to nutrient warnings or traffic light labels.[23,24,25,26,27] And studies of Facts Up Front-style labels show they have no effect on consumer behavior.[28,29,30,31,32]

We urge the agency to reject food industry arguments that the proposed FOPNL scheme would not help consumers interpret the nutrition information effectively. An industry-funded study comparing different FOPNL schemes was recently misleadingly characterized as finding that "No single FOP scheme was superior to any other FOP scheme in helping consumers identify the healthiest and least healthy choices."[33,34] In truth, the study compared FDA's Nutrition Info label to Facts Up Front labels and found that a significantly higher proportion of participants were able to correctly identify the least healthy of three items when viewing Nutrition Info labels (84 percent) compared to Facts Up Front labels (75 percent) when both labels included only the nutrition information proposed for inclusion by FDA (*i.e.*, added sugars, sodium, and saturated fat; not calories or fiber).[35] The study did not examine "High In"-style labels and therefore cannot fairly be used to support claims that Facts Up Front-style FOPNL is just as effective as interpretive FOPNL.

Finally, we note that, while the proposed FOPNL system is interpretive, it is not subjective: the agency's definitions of "high" and "low" are grounded in objective evidence and are consistent with FDA's definitions for nutrient content claims, disqualifying nutrient levels for health claims, and general consumer education. When setting the disqualifying nutrient level of 20% DV for nutrients of concern (including sodium and saturated fat) in products making health claims, FDA determined that individual foods that could result in consumption of ≥200% DRV of a nutrient concern in a day could increase the risk of diet-related disease.[36] To determine which foods would be likely to carry this risk, they considered dietary data demonstrating that diets generally include approximately 20 food/beverage items per day and determined that "given the uneven distribution of nutrients among the food categories, only about half of the foods consumed during a day will contain the nutrients of concern."[37] Based on these numbers, they determined that "an increase in risk from an individual food was likely to result if it contained between 10 and 20 percent of the DRV per serving of [a nutrient of concern]."[38] Defining "high" starting at the upper bound of this range establishes an objective, evidence-based definition of "high" that captures foods whose level of a nutrient of concern could result in consumption of ≥200% DRV of that nutrient concern in a day and an increased risk of diet-related disease.

c. We support the FOPNL system only including key nutrients to limit and excluding positive nutrients.

We support FDA in its assertion that added sugars, sodium, and saturated fat should be the only nutrients highlighted in the FOPNL system, because the 2020-2025 Dietary Guidelines for Americans (DGA) and the Scientific Report of the 2025 Dietary Guidelines Advisory Committee identify added sugars, sodium, and saturated fat as nutrients of public health concern due to overconsumption and recommend limiting foods and beverages higher in added sugars, sodium, and saturated fat as a key strategy for building healthy dietary patterns.[39,40] When consumed in excess, these nutrients can increase risk for chronic diseases like heart disease, type 2 diabetes, and cancer. For example, saturated fat increases LDL or "bad" cholesterol, a major cause of atherosclerosis and cardiovascular disease.[41] Excess sodium consumption can cause high blood pressure and cardiovascular disease.[42] Added sugars are a major source of excess calories and are associated with greater overall calorie intake and higher body weight, [43] which can contribute to increased risk of type 2 diabetes, [44,45,46] cardiovascular disease, [47,48,49] and many types of cancer. [50] Added sugars are also linked to several metabolic abnormalities.[51] Unfortunately, most people in the United States exceed the recommended intake limits for each of these nutrients. Adults in the United States consume 40 percent more sodium, 40 percent more added sugars, and 40 percent more saturated fat per day than the DGA recommends,[52,53] in significant part because the packaged food supply in the United States is far too high in these harmful nutrients.

We also agree with FDA that FOPNL should not include information about beneficial "nutrients to get enough of" (*e.g.*, dietary fiber, vitamin D, calcium, iron, and potassium). FDA's focus groups found that participants were confused about how to interpret FOPNL schemes that included both nutrients to limit and nutrients to get enough of.[54] Additionally, food companies already use the front of food packages to convey positive information about their products—such as nutrient-content claims (*e.g.*, "High fiber" and "good source of Vitamin D")—with the ultimate goal of convincing consumers to purchase them. Food companies will continue to pursue this practice voluntarily; there is no need to make this mandatory. Conversely, requiring food companies to convey information they might otherwise not highlight on the front of the package (added sugars, sodium, and saturated fat content) is a transparent way to provide consumers with more complete information about the products they are purchasing while maintaining a level playing field for industry.

d. We support requiring the FOPNL to be placed in the upper third of the principal display panel.

FDA reviewed the literature on placement of FOPNL and found that placing the labels on the upper part of the principal display panel improved attention, reaction time, and understanding (compared to when FOPNL was placed on the lower part of the label). We support FDA's decision to follow the evidence and require FOPNL be placed in the upper third of the principal display panel where it will be noticed and have the greatest impact on consumers.

e. We support FDA's proposal, as part of this rulemaking, to revise the low sodium nutrient content claim definition to align with the latest science and ongoing sodium reduction efforts.

FDA has proposed revising 21 CFR § 101.61(b)(4)(i)(A) and (b)(4)(i)(B) so that a food other than a meal product or main dish product may bear a low sodium nutrient content claim if a serving of the food contains 115 milligrams or less sodium per Reference Amount Customarily Consumed (RACC) rather than 140 milligrams or less sodium per RACC; and § 101.61(b)(5)(i) so that meal products and main dish products may bear a low sodium nutrient content claim if a serving of the food contains 115 milligrams

or less sodium per 100 grams rather than 140 milligrams or less sodium per 100 grams. We agree with the proposed rule that this revision is consistent with the updated Daily Reference Value (DRV) for sodium in the 2016 Nutrition Facts label final rule and with FDA's ongoing sodium reduction efforts. We support this revised definition applying to foods regardless of whether they display a FOPNL.

3. We encourage FDA to make the following changes when finalizing this rule:

a. Consider the vast body of evidence showing "High In" labels are effective and modify the proposed FOPNL design to reflect that evidence.

There is a large body of experimental and real-world evidence demonstrating that "High In"-style labels, which appear solely on products that are high in nutrients of concern and are already mandated in nine countries in the Americas,[55] can improve the nutritional quality of selected/purchased foods.[56,57] There is also evidence that "High In" labeling systems can encourage industry to reformulate products to be healthier, in part to avoid having to label their products.[58] A 2025 modeling study estimated that "High In"-style FOPNL would prevent between 96,926 and 137,261 deaths from diet-related chronic disease in the United States.[59]

FDA's proposed "Nutrition Info" design, which would appear on nearly all products regardless of their nutrient content and notify consumers whether products are high, medium, or low in nutrients of concern, is less studied. Nutrition Info labels would create less of an incentive for industry to reformulate to provide healthier products, compared to "High In" labels, because lowering the amount of added sugar, sodium, or saturated fat would only affect whether the label reads High, Med, or Low, instead of allowing manufacturers to avoid labeling their products entirely. Requiring Nutrition Info labels on all foods, including healthy ones, would also undermine FDA's plans to develop an endorsement logo representing the "healthy" nutrient content claim. Manufacturers may find it difficult to make space on their packaging for both the mandatory Nutrition Info label and the voluntary healthy symbol, likely resulting in low uptake of the healthy symbol.

Additionally, FDA's Nutrition Info box system could have the unintended consequence of making unhealthy foods that are only high in one nutrient of concern—like sugar-sweetened beverages and candy—appear healthier than they actually are, because their labels will display only one "high" nutrient (*e.g.,* added sugars) with two "low" nutrients (*e.g.,* sodium and saturated fat) instead of just one "high-in" label (*e.g.,* "High In Added Sugars"). FDA's quantitative study notably did not test any Nutrition Info labels that had this type of mixed nutrient profile, in which at least one nutrient was "high" and at least one nutrient was "low."[60] However, this unintended consequence was observed in two recent randomized controlled trials testing Nutrition Info labels on products with this type of mixed nutrient profile. In one of these randomized trials among 9,223 U.S. adults, Nutrition Info labels (without %DV) led to higher perceived healthfulness of soda and candy compared to a no-label control, while this effect was not observed for "High In" labels.[61] In another randomized trial among 13,929 U.S. adults, Nutrition Info labels almost always led to higher perceived healthfulness of unhealthy items compared to "High In" labels.[62]

To avoid confusion and maximize efficacy, FDA should shift to the more straightforward, evidence-based "High In" labeling system. We specifically recommend a multi-label "High In" format wherein each nutrient of concern has a distinct label (*e.g.,* a product that is high in both added sugars and sodium would carry one "High In Added Sugars" label and one "High In Sodium" label). This style of label is currently mandated in 9 countries and is the most common type of mandatory FOPNL globally.[63] In the

same randomized controlled trial with 13,929 participants mentioned above, a multi-label "High In" scheme ("Multi High In") outperformed all other tested labels (including FDA's Nutrition Info label with %DV) in terms of reducing the likelihood of participants selecting a high-in product for themselves in a hypothetical shopping task, being used by participants to make their product selection in the shopping task, and eliciting correct recall of the nutrition information they viewed on the label.[64] In another randomized controlled trial with 5,160 participants, Multi High In labels significantly outperformed four other versions of the "High In" scheme that listed all three nutrients on one label instead of separating them into distinct labels.[65] The Multi High In version better helped participants correctly identify items that were high in sodium (78% correct vs 68-71% correct, all $p<0.01$) and items that were high in saturated fat (85% correct vs 76-79% correct, all $p<0.01$) compared to the combined (non-separated) "High In" schemes. Additionally, Multi High In was perceived as most effective at discouraging participants from consuming products high in nutrients of concern (all $p<0.001$). Requiring a separate label for each excess nutrient provides a straightforward method for consumers to evaluate healthfulness because products with more labels have less healthy nutrient profiles than those with fewer labels. This format could be understood at all ages and literacy levels. For example, in Chile (which implemented a MultiHigh In scheme), teachers and parents have been able to successfully instruct children to select healthier foods by counting the number of "High In" labels.[66]

Less desirably, FDA could make design changes to the Nutrition Info label to more clearly highlight "High In" products for consumers. This could be accomplished, for example, by adding a prominent exclamation mark icon to any Nutrition Info label that contains "high" levels of at least one nutrient of concern and/or drawing attention to any "high" designations with a red background and white text to ensure consumers notice it. We recognize that FDA's experimental study found that the inclusion of the magnifying glass icon did not meaningfully affect consumers' attention to or use of the Nutrition Info box,[67] and that FDA therefore chose not to include an icon in its proposed label. However, a recent experimental study suggests that exclamation mark icons are significantly more effective than magnifying glass icons at improving perceived message effectiveness of FDA-style "High In" labels ($p<0.001$).[68] Another recent experimental study found that Nutrition Info labels drawing attention to "high" designations with the color red were significantly more effective at promoting correct identification of healthiest and least healthy options compared to black-and-white-only Nutrition Info labels ($p<0.001$).[69] However, in this study, participants who viewed high sodium and high added sugar items (beef jerky, candy, and soda) with "Nutrition Info" labels almost always perceived them as being significantly healthier compared with participants who viewed the same products with "High In" labels—indicating that the "High In" scheme would be even more helpful for consumers than the Nutrition Info scheme with added design elements. [70]

With any nutrition labeling policy, it is important to consider the potential for labels to have the unintended impact of perpetuating weight-related stigma and psychological harm if people assign moral judgments to labeled foods as being "bad" and transfer those judgments to people who eat those foods. Food industry groups have alluded to this hypothetical harm, claiming that FOPNL would "demonize" certain foods and cause "food shame."[71] However, results from a recent study with high methodological quality found no evidence that "High In" FOPNL promotes weight stigma.[72] The study was a randomized clinical trial with 2,522 U.S. adults where participants viewed beverages with different labels and rated how much they perceived the labels as being stigmatizing, promoting negative stereotypes, or disrespecting people with obesity. There was no difference in the perceived weight stigmatization score between participants who saw beverages with "High In" labels versus the no-label control.

b. Require FOPNL on foods marketed for infants and toddlers in addition to foods marketed for individuals aged 4 years and older.

We disagree with the exclusion of foods marketed for children under 4 years old from FDA's proposal. In the proposal, FDA notes that the DRVs for children 1 through 3 years codified at 21 CFR 101.9(c)(9) are currently not aligned with the 2020-2025 DGA. These should be updated, and FDA should require FOPNL on products marketed for children ages 1 to 3 years based on the DRVs for children 1 through 3 years and resultant percent DVs that are required on the Nutrition Facts labels of such foods. FDA should apply the same %DV cutoffs for determining when a food is high in (or high, medium, and low in) added sugars, sodium, and saturated fat as those that apply for foods marketed for individuals aged 4 years and older.

Requiring FOPNL on foods for children ages 1-3 is important because many products marketed as being healthy for young children are high in nutrients that need to be limited. For example, nutrition and public health organizations and experts across the US have raised concerns over potentially misleading marketing of "toddler milks," which can contain high amounts of added sugars[73,74,75] despite the 2020-2025 DGA recommendation that children aged 2-3 years consume less than 25 grams of added sugar per day (and children under 2 avoid added sugars entirely).[76] There are many products on the market that are marketed for children under 4 years old and are considered high in added sugars (*i.e.*, ≥20% DV per serving based on the 1,000 calorie reference diet required on the Nutrition Facts label for such products) (Figure 1). To exempt these products from FOPNL would be a missed opportunity for educating parents and improving the diets of young children.

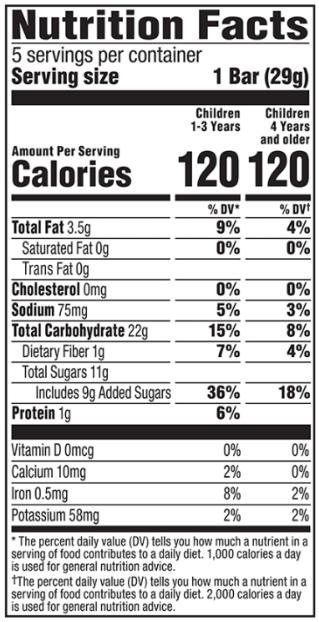
If FDA is unable to quickly update the DRVs and DVs for children aged 1 to 3, rather than delay the release of the final rule, the agency could expand the rule at a later date to include products marketed to this population.

Figure 1. Examples of products marketed for young children that are high in added sugars based on a 1,000-calorie reference diet

Gerber Good Start GentlePro Toddler, marketed for children aged 12 to 36 months, contains 11 grams of total sugar—including 10 grams of added sugars, or 40% of the Daily Value—per half cup serving. That's almost double the sugar in cow's milk (6 grams per half cup). Photo: walmart.com

Figure 1 (cont.)

Gerber Mealtime for Toddler Oatmeal & Barley Cereal (Apple Cinnamon), marketed for children aged 12 months and up, contains 8 grams of added sugars per serving, or 32% of the Daily Value. Photos: target.com



Plum Organics Jammy Sammy Snack Size Sandwich Bar (Blueberry & Oatmeal), marketed for children aged 15 months and up, contains 9 grams of added sugars per serving, or 36% of the Daily Value. Photos: plumorganics.com

c. Require that FOPNL on products with 2-3 servings per container reflect the contents per container, not per serving

The proposed rule states that products requiring the display of a dual-column Nutrition Facts label (because they are packaged and sold individually and contain at least 200 percent and up to and including 300 percent of the applicable RACC) would require FOPNL that reflects only the nutrition information ‘‘per serving” (and not per package or per container). We disagree with this approach. These products are required to bear dual-column Nutrition Facts labels because many people consume them in a single eating occasion. Consumers deserve to be notified that, if consuming the entire container, they are consuming a high amount of added sugars, sodium, or saturated fat (see, *e.g.*, Figure 2).

Figure 2. Doritos Cool Ranch (2 ¾ ounce bag) would have a front-of-package “High” sodium disclosure if labeled per package, but not if labeled per serving

Nutrition Facts

About 3 servings per container

Serving size **About 12 chips (28g)**

	Per serving		Per package	
Calories	**150**		**400**	
		% DV*		**% DV***
Total Fat	8g	**10%**	21g	**27%**
Saturated Fat	1g	**5%**	2.5g	**14%**
Trans Fat	0g		0g	
Cholesterol	0mg	**0%**	0mg	**0%**
Sodium	190mg	**8%**	520mg	**23%**
Total Carb.	18g	**6%**	49g	**18%**
Dietary Fiber	1g	**5%**	4g	**14%**
Total Sugars	<1g		3g	
Protein	2g		5g	
Vitamin D	0mcg	0%	0mcg	0%
Calcium	40mg	2%	110mg	8%
Iron	0.3mg	0%	0.8mg	4%
Potassium	50mg	0%	150mg	2%

Not a significant source of added sugars.

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Photo: Nielsen IQ Label Insight

d. Mandate prominent disclosures on the front of products containing low-/no-calorie sweetener (LNCS) to discourage industry reformulation with additives that are not recommended for children.

Mandatory FOPNL is likely to have the unintended consequence of increasing industry's use of LNCS across the food supply as food companies reformulate products that are "high" in added sugars. For example, following Chile's FOPNL implementation, the percentage of products containing LNCS in certain categories (including beverages, dairy-based beverages, yogurts, and desserts and ice creams) increased.[77] Furthermore, purchases of LNCS-containing products and LNCS consumption increased, including among children.[78,79] LNCS are not recommended for young children by the 2020-2025 DGA and leading nutrition and public health organizations (including Academy of Nutrition and Dietetics, American Academy of Pediatric Dentistry, American Academy of Pediatrics, and American Heart Association) because long-term health effects associated with consumption in childhood (when many body systems are still developing) are still unknown, and it has been suggested that early exposure to LNCS may predispose children to prefer higher levels of sweetness in the diet and unfavorably influence their future dietary patterns.[80,81,82,83,84,85] Research has shown that many parents in the United States try to avoid purchasing products sweetened with LNCS for their children, but are largely unsuccessful due to confusing product labels. In one simulated shopping study in a supermarket, parents indicated that they avoided LNCS for their children, but they failed to identify the majority (77 percent) of the foods and beverages that contained LNCS, and roughly one quarter of the foods and beverages they selected for their family contained LNCS.[86] Similarly, the majority of parents in another study (62 percent) could not identify beverages with LNCS, even when shown the ingredients lists.[87]

To prevent excess intake of LNCS among children as an unintended consequence of FOPNL, FDA should mandate clear disclosures for products containing LNCS that explicitly state that they are not recommended for children. The agency can require such warnings under its authority to require specific conditions for use of food additives.[88] While substances added to foods are customarily reviewed on a case-by-case basis, the agency could also issue a regulation requiring a warning as a condition of use for multiple related substances.[89]

As part of mandatory FOPNL, LNCS disclosures should be required on all products containing LNCS, regardless of whether they contain high amounts of added sugar, sodium, or saturated fat, and the disclosures should appear in the same location as the other FOPNL elements (ideally in the upper third of the principal display panel). If FDA requires "Nutrition Info" labels on all foods, the LNCS disclosure should appear adjacent to the "Nutrition Info" box on all products containing LNCS. These disclosures could alleviate confusion and aid parents in selecting healthier products for their children. Mexico used such an approach as part of its FOPNL policy and saw a reduction in LNCS in several food categories after the policy's implementation.[90] We encourage FDA to incorporate such a disclosure into the final FOPNL rule, although the agency may also opt to take additional notice and comment on such a disclosure should it determine this step is legally warranted.

4. We encourage FDA to develop a consumer education campaign to accompany the release of the FOPNL system.

To help consumers understand the new FOPNL system, FDA should develop a multilingual consumer education and outreach campaign. The campaign should explain how to use the new FOPNL system, how

the new system will complement the existing Nutrition Facts label, and the importance of limiting added sugars, sodium, and saturated fat in the diet. Consumer education messages should emphasize that consumers should limit consumption of products with any "High" or "High In" labels. "High In" FOPNL could work synchronously with a voluntary healthy symbol and allow for simple, straightforward nutrition education messaging: look for products with healthy symbols and limit products with "High In" labels (Figure 3). FDA should consider the confusion it would cause if a product with a voluntary "healthy" claim was also labeled as having High added sugar, sodium, or saturated fat, and ensure the FDA definitions of healthy and "High In" are mutually exclusive.

Figure 3. Example of simple nutrition education messaging regarding how to select a healthy breakfast bar using the healthy logo and "High In" FOPNL

Photos: kindsnacks.com and target.com, modified by CSPI

In conclusion, we strongly support FDA's proposal for the United States to adopt a mandatory, interpretive front-of-package nutrition labeling system that solely highlights key nutrients to limit, but we urge FDA to improve this rule by mandating a "High In" FOPNL design accompanied by a LNCS disclosure, requiring FOPNL on foods marketed for infants and toddlers in addition to foods marketed for individuals aged 4 years and older, and requiring that FOPNL on products with 2-3 servings per container reflects the contents per container, not per serving. We urge federal agencies to act quickly on these recommendations to enable consumers to access the information they need to make healthy choices for themselves and their families.

Sincerely,

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