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Re: Recommended strategies for reducing added sugars consumption

Dear Secretary Kennedy, Commissioner Makary, and Deputy Commissioner Diamantas,

On behalf of the Center for Science in the Public Interest (CSPI), we are writing to express our strong support for federal efforts to reduce added sugars consumption and wish to highlight specific policies that the Department of Health and Human Services (HHS) can implement now to support efforts to reduce added sugars consumption. We appreciate that both Secretary Kennedy and Commissioner Makary have committed to improving the health of the American people, and children in particular, through their work at HHS and the Food and Drug Administration (FDA). Moreover, the Secretary's Make Our Children Healthy Again Assessment¹ discusses the health impacts of high added sugars intake and the prevalence of added sugars throughout the U.S. food supply. To make real progress, our country needs policies to reduce added sugars overall, consumed in beverages and across the American diet. To address these problems, we propose that HHS and FDA take the following actions, each of which is discussed in greater detail below:

1. Establish added sugars reduction targets for packaged and restaurant foods and beverages.
2. Mandate interpretive, nutrient-specific front-of-package nutrition labels for packaged foods and beverages that include added sugars.

3. Encourage food and beverage companies to adopt the updated “Healthy” nutrient content claim.
4. Mandate added sugars disclosure at restaurants.
5. Define “low added sugars” claims and take enforcement action to prevent misleading labeling.
6. Issue guidance encouraging online retailers to provide consumers with access to the same nutrient, ingredient, and allergen information required on food and beverage packages.
7. Strengthen regulations for transition formulas and toddler milks.

CSPI has long been a champion for reducing intake of added sugars, which are sugars added through food processing and are distinct from the naturally occurring sugars found in unprocessed plant and dairy foods. CSPI was founded in 1971 and is a non-profit that advocates for equitable, sustainable, and science-based solutions to advance nutrition, food safety, and health. Our organization 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 an extensive history of advocating for policies related to added sugars reduction through food labeling, menu labeling, restaurant nutrition standards, school meals, and federal dietary guidance. One of our key victories was successfully petitioning FDA to create a Daily Value for added sugars and to incorporate this information into the Nutrition Facts Panel.

More recently, we have advocated for a number of strategies to reduce added sugars in the food supply. We shared many of these strategies with FDA in November 2023, when CSPI participated in FDA’s public virtual public meeting and listening sessions “Strategies to Reduce Added Sugars Consumption in the United States” and have submitted comments to that docket that included recommended actions for FDA and other federal agencies to reduce added sugars consumption across the U.S. population.²

Added sugars intake remains a pressing public health concern. According to the most recent wave of National Health and Nutrition Examination Survey data available, the average intake of added sugars exceeds the recommended limit of less than 10% of calories from added sugars per day by 34% and exceeds the Daily Value of 50 grams by 40%.^{3,4,5} Overconsumption of added sugars is common across all age and sex subgroups. For example, according between 58–81% of females and 57–85% of males, ages two years and older exceed the recommended daily limit of added sugars.⁶ Much of the research on added sugars focuses on the health impacts of sugar-sweetened beverages (SSBs) which are the leading dietary source of added sugars for children and adults.⁷ Among children, intake of added sugars, from SSBs in particular, has been associated with weight gain, dental decay, and an increase in risk factors for cardiovascular disease.^{8,9,10} Among adults, SSB intake is linked to an increased risk of type 2 diabetes^{11,12,13} and cardiovascular disease,^{14,15,16} in part by increasing the risk of weight gain,¹⁷ and can contribute to dental decay.¹⁸ In addition to SSBs, foods that are highest in added in added sugars contribute excess calories to the diet with little nutritional benefit. Consumption of these foods leaves little room in the diet for consumption of other nutrient-dense foods and food groups without exceeding the recommended daily calorie limits. Among U.S. children and adults, those who eat sweet foods have significantly higher average daily calorie intake compared to their peers who do not eat sweet foods.^{19,20} The strongest research on health risks of excess added sugars intake

demonstrates that greater intake leads to energy imbalance and weight gain.²¹ Therefore, we recommend the following policy actions to HHS and FDA to reduce added sugars consumption.

1) Establish added sugars reduction targets for packaged and restaurant foods and beverages.

The predominant sources of added sugars in Americans' diets are foods and beverages purchased from retail stores and restaurants, including sugary drinks, sweet bakery products, and candy (as opposed to foods made from scratch at home or purchased from other types of establishments).^{22,23,24} As a result, consumers have only limited control over the amounts of added sugars in the foods they consume. Food and beverage companies are largely responsible for designing foods with excess added sugars and introducing them into the food supply.

FDA can address this problem by guiding food and beverage companies to gradually reduce the amount of added sugars in their products over time, thereby lowering added sugars content across the key categories of food and beverage products that contribute to high added sugars intake in the United States. Widespread reduction of added sugars across the food supply is predicted to result in national public health benefits. In a microsimulation modeling study, researchers calculated the predicted population-level health impacts and cost-effectiveness of achieving New York City's National Salt and Sugar Reduction Initiative's sugar reduction targets.²⁵ The study simulated and evaluated the impact of gradual sugar reduction over eight years, culminating in a reduction in the average sugar content of twelve targeted food categories by 20% and by 40% for SSBs. Achieving sugar reduction targets was estimated to prevent 2.48 million cardiovascular disease events, 490,000 cardiovascular disease deaths, and 750,000 diabetes cases and save \$160.88 billion in lifetime net costs (mean simulated follow-up 28.3 years).

On April 25, 2023, CSPI, along with the New York City Department of Health and Mental Hygiene submitted a Citizen Petition to FDA requesting guidance to industry for voluntary targets to lower added sugars across the food supply.²⁶

The petition requested that FDA take the following actions:

- 1) Issue guidance for the food and beverage industry that provides voluntary short-term (2.5-year), mid-term (5-year), and long-term (10-year) targets for added sugars content in commercially processed and packaged foods and beverages from categories that contribute most to overall added sugars intake.
- 2) Create and maintain a public online database of all the products included in the targeted food categories at baseline and the 2.5-year, 5-year, 7.5-year, and 10-year marks, including each product's category, brand, nutrition information (including added sugars content), ingredient list, and additional relevant product-level details.
- 3) Following publication of the guidance, provide interim progress reports to the public at the 2.5-year, 5-year, 7.5-year, and 10-year marks evaluating industry compliance with the targets across each food and beverage target category and to report any other significant change in other nutrients of concern (such as sodium or saturated fat).
- 4) FDA should extend the scope of this guidance to include voluntary targets for added sugars content in prepared food and beverage categories that contribute most to overall

added sugars intake as soon as federal regulations are amended to require chain restaurants to declare added sugars nutrition information to the information they are currently required to provide.

Since April 2023, our petition has received tens of thousands of supportive comments, has been endorsed by dozens of national and regional health organizations such as the American Academy of Pediatrics, National WIC Association, and the Society for Nutrition Education and Behavior,²⁷ and members of Congress,²⁸ and public opinion polling has demonstrated broad public support for voluntary added sugars reduction targets for the U.S. food industry across demographic and political groups (see more detail below).²⁹ However, we have yet to receive a response from FDA regarding the requested actions.

Added sugars reduction in our food system is a key strategy to support public health, and there is strong support for it among consumers. In a Caravan poll conducted for CSPI in March 2023,³⁰ 75% of U.S. consumers said they would support a policy with recommendations to reduce the amount of added sugars in foods, including support levels of 83% of consumers who are trying to reduce their sugar intake, 80% of consumers with children in their household, 79% of consumers with high blood pressure, diabetes, high cholesterol, heart disease or cancer, and 70% of Republicans, 83% of Democrats, and 73% of Independents.

The FDA has the tools and expertise to make an important impact on the health of Americans through added sugar reduction. It should build on the momentum of its voluntary sodium reduction targets and provide similar guidance on added sugars reduction targets to create a healthier food supply and reduce the burden of diet-related chronic disease in the United States.

2) Mandate interpretive, nutrient-specific front-of-package nutrition labels for packaged foods and beverages.

In January 2025, FDA published a proposed rule for a mandatory, interpretive, front-of-package (FOP) labeling system. As Secretary Kennedy has emphasized,³¹ better food labeling is needed to empower consumers to make healthy choices and limit sugar in our diets. FOP labels that alert consumers to food and beverage products that are high in added sugars, among other nutrients of concern, would allow them to make more informed, healthy choices at the point of purchase. 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 specific nutrients of concern, and are already mandated in nine countries in the Americas,³² can improve the nutritional quality of selected/purchased foods.^{33,34} 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.³⁵ CSPI supports the implementation of such a system and recommends that FDA finalize the rule without delay after the public comment period ends in July. However, the final rule should depart from the proposed rule by mandating that labels use a “High In” format (rather than FDA’s proposed “Nutrition Info” format); applying the FOP label to foods marketed for infants and toddlers in addition to foods marketed for older children and adults; and by requiring accompanying disclosures for foods containing low-/no-calorie sweeteners to discourage industry reformulation with additives that are not recommended for children. Finalizing this

policy would help meet the Secretary's stated interest in ensuring American's have adequate food labeling at the point of purchase to make healthy food choices.³⁶

3) Encourage food and beverage companies to adopt the updated "Healthy" nutrient content claim.

CSPI supports FDA's updated "Healthy" nutrient content claim which requires, in part, that foods meet specific limits for added sugars content based on a percentage of the Daily Value (DV) per serving in order to voluntarily make a "healthy" claim on their labels. The update is a major improvement over the old rule, as previously products with unlimited amounts of added sugars could be marketed as healthy if they met other nutritional criteria. FDA should encourage wide adoption of this newly defined claim on qualifying foods. The new definition went into effect in April 2025.³⁷

In addition, under the first Trump Administration, FDA Commissioner Scott Gottlieb sought feedback on the creation of an icon to be used on foods that met the definition for "healthy."³⁸ FDA should consider creating such an icon as an easy means for industry to designate which foods are healthy and for consumers to identify such healthy foods. A healthy icon combined with front-of-package disclosures alerting consumers when products are "High In Added Sugars" would create a new nutrition labeling landscape that would assist consumers in differentiating at a glance between less healthy high in added sugars products and healthier products with lower added sugars.

4) Mandate added sugars disclosure at restaurants.

FDA should exercise its authority under the Patient Protection and Affordable Care Act to update the required nutrition information at chain restaurants to include added sugars for standard menu items in the nutrition information that must be made available to consumers on request.

Restaurant foods and beverages are a significant source of added sugars in the American diet, contributing 20% of total daily added sugars intake,³⁹ but consumers currently have no way of determining the added sugars content of these products, making it impossible to tell if the sugar in a product is from added sugars or naturally occurring sugars in fruit or milk. Consumers need access to this information to make informed choices when ordering from restaurants.

This omission of added sugars from restaurant nutrition requirements appears to be based on poor timing, not a deliberate effort to exclude added sugars from restaurant nutrition information. As explained in a petition we submitted in January of 2022,⁴⁰ the original menu labeling rule was finalized in 2014 and included only disclosures on request for total sugars.⁴¹ It was not until two years later that FDA updated its regulations for the Nutrition Facts label to require added sugars information to be disclosed for packaged foods.⁴² In doing so, the agency did not similarly update its menu labeling regulations, leaving a discrepancy. Our petition asked that this omission be corrected.

In addition to consumer education, access to added sugars information is important for state and local policymakers and researchers wishing to develop and evaluate policies designed to reduce added sugars in restaurant meals. In November 2023, New York City adopted the Sweet Truth Act, which will require warnings on menu items that are high in added sugars at chain

restaurants.⁴³ However, under the terms of the Act, until FDA requires restaurants to disclose added sugars information, most restaurant items will not be subject to this requirement. Mandating added sugars disclosure at restaurants will be important to pave the way for other jurisdictions to follow New York City's lead and further help consumers reduce added sugars consumption in restaurant settings.

5) Define “low added sugars” claims and take enforcement action to prevent misleading labeling.

As noted in a letter CSPI sent to FDA in January 2020, numerous beverage products are currently marketed with unauthorized implied “low sugar” or “reduced sugar” claims such as “lightly sweetened” and “less sweet,” despite being high in added sugars ($\geq 20\%$ DV per Reference Amount Customarily Consumed).⁴⁴ These claims are in violation of the federal Food, Drug, and Cosmetic Act because they are unauthorized nutrient content claims and mislead consumers by obscuring which choices of beverages best support a healthful diet.

The FDA has not yet responded to our letter, and should take enforcement action against the manufacturers of these products to the extent they are still using these claims. We also urge the agency to issue guidance or regulations defining and authorizing “low added sugar” claims based on the DV for added sugar. Such regulations would allow more healthful products to identify themselves, while precluding less healthy products from bearing misleading claims. In 2024, FDA's Human Foods Program reported that draft guidance for industry on the “Use of Nutrient Content Claims for Added Sugars in the Labeling of Human Food Products” was under development.⁴⁵ However, this guidance was recently removed from the agency's list of guidance documents under development and no guidance on nutrient content claims for added sugars on food labeling has been published.⁴⁶

6) Issue guidance encouraging online retailers to provide consumers with access to the same nutrient, ingredient, and allergen information required on food and beverage packages.

The Nutrition Facts labels and ingredients lists required on foods and drinks are currently the most important tools available to consumers looking to limit or avoid added sugars. Unfortunately, as an increasing proportion of food purchases happen online rather than in stores, people are losing reliable access to these tools. Many of the federal food labeling laws and regulations in the United States were established before anyone imagined we would be ordering food from computers and phones, and therefore do not explicitly require the same nutrition, ingredient, and allergen information that is required on food packages to be made available to online shoppers. Research has found that Nutrition Facts and ingredient information are often missing from the online point of sale and, even when present, it is often outdated, inaccurate, or hard to find. A recent study looked at ten major online food retailers in the United States and found that Nutrition Facts labels were present, accessible, and legible only 33% of the time and ingredients lists only 37% of the time.⁴⁷ Important labeling elements such as Nutrition Facts labels, ingredients lists, allergen statements, and percent juice declarations for beverages purporting to contain fruit juice were missing entirely 15% of the time. In their 2023 comments to FDA, citing results from their own informal studies, the American Heart Association and WISEcode found frequent inaccurate or missing nutrition information online.^{48,49} Both noted

especially high error rates for added sugars, with WISEcode missing added sugar information on nearly 50% of online labels assessed.

FDA can ask Congress to pass legislation giving FDA the authority to require that the same Nutrition Facts and ingredient information that is now on packages also be available for online grocery items. The agency can also issue guidance with best practices for grocery labeling for retailers and manufacturers selling food online. The guidance should encourage sellers to provide nutrition and ingredient information in a way that is consistent, easy to read, easy to find, and not buried beneath marketing and promotional material.

7) Strengthen regulations for transition formulas and toddler milks.

In February 2021, CSPI submitted a comment to FDA requesting action to address consumer confusion and public health harms posed by two categories of drinks: "transition formulas," which are labeled and marketed for children 9 to 24 months old, and "toddler milks," which are labeled and marketed for children anywhere from 12 to 36 months old.⁵⁰ Transition formulas and toddler milks are marketed as healthy choices, but they contain added sugars and are not recommended as necessary for a healthy diet by the 2020–2025 Dietary Guidelines for Americans (DGA), the Academy of Nutrition and Dietetics, the American Academy of Pediatric Dentistry, the American Academy of Pediatrics, or the American Heart Association.^{51,52,53} CSPI recommends that FDA take the following actions to ensure that parents are not misled into purchasing these products for their children:

- **Take enforcement action** against transition formula products as misbranded infant formulas marketed to children over 12 months (current infant formula regulations only allow infant formulas to be marketed for children 12 months and under) and expressly prohibit the use of the term “formula” on products marketed for children over 12 months old.⁵⁴ This would help prevent caregivers from being misled to believe these products are necessary or healthy for toddlers.
- **Establish labeling requirements**, including a statement of identity for toddler beverages, such as “milk-based drink powder for 12- to 36-month-olds” and a disclosure, “DO NOT SERVE TO INFANTS UNDER 12 MONTHS OLD,” which would help prevent caregivers of infants from unintentionally purchasing products intended for toddlers.
- **Require that toddler beverages with added sugars or flavors bear the terms “sweetened” or “flavored”** to help caregivers differentiate them from healthier choices like plain cow’s milk.
- **CSPI also encourages FDA to consider requiring prominent front-of-package disclosures on beverages marketed for children aged 12-24 months that contain added sugars**, such as: “This product contains added sugars. The Dietary Guidelines for Americans recommends avoiding food and beverages with added sugars for children younger than age 2.”

As you consider strategies to address the high rates of diet-related chronic diseases in the United States,⁵⁵ we urge you to act quickly on the policy recommendations outlined in this letter to

encourage food industry reformulation and to enable consumers to access the information they need to make healthy choices for themselves and their families. We would appreciate the opportunity to meet and discuss these approaches in further detail.

Sincerely,

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