

MAHA Commission Report: Broad Review of Food, Agriculture, and Pharmaceutical Drivers of Human Disease with a Self-Described Call to Action

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On May 22, 2025, the Presidential Commission to Make America Healthy Again (MAHA) released its long-awaited [MAHA Report](#) (Report) identifying “the threat that potential over-utilization of medication, certain food ingredients, certain chemicals, and certain other exposures pose to children with respect to chronic inflammation or other established mechanisms of disease, using rigorous and transparent data” as directed by Section 5 of President Donald Trump’s [Executive Order 14212](#). The Report contends that American children are “in crisis” as the rates of chronic physical and mental illnesses are on a steady rise. The Report charges four broad “potential drivers behind the rise in chronic disease that present the clearest opportunities for progress”:

- poor diet attributed to ultra-processed foods
- cumulative exposure to chemicals in food, water, and air
- lack of physical activity and chronic stress spurred by pervasive technology use
- overmedicalization with prescription drugs and vaccines

The 10-item list of “next steps” at the end of the Report includes broad calls for additional research, new initiatives, and policy reforms, all of which will need implementation and may require considerable time and resources. Although the Report mentions no companies by name, it generally attributes the current “crisis” to corporate capture of the United States health system and federal agencies by food, chemical, and pharmaceutical manufacturers. Next steps may present competing priorities for the administration given its already-announced deregulatory efforts.

As detailed below, stakeholders should anticipate implementation of some or all of the Report’s recommendations in the commission’s anticipated August 12 “Make Our Children Healthy Again Strategy.” It will be important to monitor next steps closely to see how the many issues raised in the Report will be prioritized and implemented by the various administrative agencies — Food and Drug Administration (FDA), Department of Agriculture (USDA), Environmental Protection Agency (EPA), Centers for Disease Control and Prevention (CDC), and Centers for Medicare & Medicaid Services

(CMS) — impacted.

Food Ingredients and Federal Programs

Much of the Report centers on an undefined category of “ultra-processed foods.” The Report includes concerns with respect to nutrient depletion, increased caloric intake, and overuse of food additives and chemicals in food, all of which are alleged to have negatively affected American children’s health. The Report states that industry pressures have distorted scientific research and the Dietary Guidelines for Americans (DGAs), leading to adverse health effects, while acknowledging that the DGAs “emphasize the importance of whole foods such as fruits, vegetables, whole grains, lean proteins, and unsaturated fats as well as recommend limiting added sugars, saturated fats, and excess sodium.” The Report also emphasizes the importance of consuming whole foods grown in the United States, possibly reflecting the MAHA Commission’s promise to work with farmers.

FDA Commissioner Martin Makary, M.D., has noted that “there’s no one ingredient that accounts for the child disease epidemic,” and yet the Report highlights a number of specific food ingredients as potentially problematic, including food colorings, titanium dioxide, propylparaben, butylated hydroxytoluene, artificial sweeteners, and ultra-processed grains, sugars, and fats. The Report thus reinforces expectations that FDA is likely to take action on certain ingredients or categories of ingredients, as the Report recommends funding new National Institutes of Health studies of “ultra-processed foods” along with revamping FDA’s Generally Recognized as Safe (GRAS) pathway — echoing previous [statements](#) of Secretary Robert Kennedy regarding revisions to GRAS that previously sounded imminent but now appear to be on a slower timeline. The Report also points to upcoming change in USDA-administered programs identified in the Report as having drifted from their original goals and contributing to adverse health effects. These include the Supplemental Nutrition Assistance Program, School Breakfast Program and National School Lunch Program, and Special Supplemental Nutrition Program for Women, Infants, and Children. Often citing smaller countries as models for addressing some of the ills of these initiatives, the MAHA Commission finds fault with the recommendations regarding, or availability of, “ultra-processed foods” within these programs.

Chemicals and Agriculture

With respect to agriculture and other manufacturing sectors, the Report identifies a multitude of contributors to adverse health effects, though the Report also cites inconsistent research results and notably does not identify significant next steps in this regard. The discussion includes the environmental chemicals per- and polyfluoroalkyl substances (PFAS), microplastics, fluoride in water, phthalates, bisphenols, and pesticides, as being of concern. Notably, grouping PFAS, microplastics, and other chemicals with fluoride places them in a politically sensitive spotlight as Secretary Kennedy–linked campaigns have already driven some states and municipalities to look to eliminate water fluoridation.

Taken as a whole, this discussion represents a shift away from conventional regulatory science, which assesses risks from exposure to single chemicals, toward evaluating cumulative exposures to multiple chemicals in air, water, food, and consumer products. To some degree, this discussion appears to conflict with the administration’s concurrent deregulatory actions in the environmental arena and has already resulted in pushback from a range of stakeholders.

Despite the concerns expressed in this discussion, the Report stops short of recommending specific

regulatory action other than support for “a national initiative to map gene-environment interactions affecting childhood disease risk, especially for pollutants, endocrine disruptors, and pharmaceuticals.” It is worth monitoring whether this aspect of the Report is taken up in policy discussions; it is possible that any next steps could fuel state and local pressures to require additional disclosures — particularly in jurisdictions already focused on PFAS or fluoride issues.

Pharmaceuticals

Finally, the Report faults the pharmaceutical industry and regulators for what it describes as the “overmedicalization” of children without sufficient evidence and specifically targets vaccines in this discussion. While the Report does not mention specific drugs or vaccines, it identifies a range of drug classes that merit further study, from vaccines to stimulants, antidepressants, and antipsychotics to non-mental-health-related drugs, including antibiotics, weight-loss drugs, and those treating asthma. Consistent with prior statements from Secretary Kennedy, the Report also recommends improvements to vaccine safety surveillance, suggesting that a lack of surveillance and reporting could be contributing to incomplete adverse-event data.

Promised follow-up in this regard is broad, but not specific, looking primarily to increased postmarketing surveillance and the leveraging of real-world data as well as greater use of an artificial intelligence task force to help address these issues. Ultimately, as with much of the other discussion in the Report, stakeholders may need to wait until August 2025 to see how the issues raised in the Report translate into policy changes.

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