

March 28, 2025

Secretary Robert F. Kennedy, Jr.
U.S. Department of Health and Human Services
Chair, Make America Healthy Again Commission

Mr. Vince Haley
The White House
Executive Director, Make America Healthy Again
Commission

Dear Secretary Kennedy, Executive Director Haley, and MAHA Commission Members:

On behalf of the International Fresh Produce Association (IFPA), we extend our appreciation to the White House for prioritizing the health and nutrition of all Americans through the Make America Healthy Again Commission. We look forward to working with you to reduce the rates of diet-related disease and improve Americans' health.

IFPA is the largest and most diverse association serving the entire fresh produce and floral supply chain. IFPA proudly represents member companies throughout the fresh fruit and vegetable supply chain, including growers, shippers, fresh-cut processors, wholesalers, distributors, retailers, food service operators, industry suppliers, and allied associations.

We particularly share your concern around diet-related disease among children and have long-advocated for policies that would improve access and consumption of fruits and vegetables to improve public health. We appreciate the Commission's commitment to including farmers in the conversation, as we are uniquely positioned to serve as partners in this work.

As you know, nine out of ten Americans do not meet fruit and vegetable consumption targets and many of the government's own nutrition programs fall short in ensuring Americans meet these targets. Despite decades of this evidence-based advice, consumption trends have not budged. We cannot address our mutual goals without a targeted, systemic approach of increasing Americans' fruit and vegetable consumption.

As the commission works to deliver on the Executive Order's directive, we appreciate your consideration of the following policies:

Recommendation #1: Embed Produce Prescriptions as a Covered Benefit within the Health System.

Rationale: With more than eighty percent of healthcare dollars allocated to preventable chronic disease, we must integrate evidence-based nutrition interventions into the standard practice of clinical careⁱ. Federal health programs including Medicare, Medicaid and those served by the Department of Veterans Affairs and Indian Health Service, respectively, cover more than 150 million Americans. Providing an evidence-based produce prescription for patients who are eligible due to diet-related health risk or condition, food insecurity or other documented challenges in accessing nutritious foods, will systematically improve fruit and vegetable consumption and reduce factors that contribute to diet-related chronic disease. Nutrient-dense food interventions have been shown to reduce healthcare costsⁱⁱ. Additionally, 80% of Americans believe food interventions should be included in the Medicare and Medicaid.ⁱⁱⁱ



The federal government and Health and Human Services (HHS) is well-positioned to lead the effort within federal healthcare programs, which can, in turn, provide a pathway for private insurers to cover additional Americans at risk for, or suffering from, diet-related disease.

Recommendation #2: Promote Nutrition Clarity in Food Labeling of Fruits and Vegetables at the U.S. Food and Drug Administration (FDA).

- Require foods that make fruit and vegetable claims (in name or imaging) to disclose the quantity of fruits and vegetables per serving in household measures (e.g. “contains 1/8 teaspoon of strawberries per 1-cup serving”).
- Require foods depicting fruits and vegetables (in name or imaging) that lack any meaningful amount in forms consistent with DGA, to bear “contains no fruits and vegetables” disclosure.

Rationale: Nearly all Americans, regardless of socio-economic status, under-consume fruits and vegetables. Every time a consumer seeks nutritious food and is sold a food or beverage that undermines their health, it is a missed opportunity to reduce diet-related disease. Food and nutrition labeling impacts everyone. We know that more than half of all consumers regularly examine the nutrition facts label or ingredients list when shopping and 40 percent say they consider labeling statements about health and nutrition benefits^{iv}.

To ensure that Americans are empowered to make healthful decisions and not misled as they make food choices for themselves and family, FDA should require clear, transparent declarations on foods making fruit and vegetable claims. A meaningful amount should only apply to fruits and vegetables in forms consistent with the Dietary Guidelines for Americans recommendations to consume “mostly whole” fruits and vegetables. FDA should move forward with efforts to finalize the proposed front of pack labeling, but should first further strengthen the label including fruit and vegetable disclosures.

Recommendation #3: Financially Incentivize Fruits and Vegetables for All Americans.

- Make fruits and vegetables an authorized expense under both Health Savings Accounts (HSAs) and Flexible Savings Accounts (FSAs)
- Federal tax credit for fruit and vegetables that meet DGA recommendations

Rationale: As previously shared, the Centers for Disease Control and Prevention (CDC) data show that nine out of ten Americans do not meet DGA recommendations, including those across all socio-economic levels. Providing financial incentives through FSAs, HSAs and tax credits could serve as a catalyst to increase consumption and reduce diet-related disease on a population level.

Recommendation #4: Expand the Fresh Fruit and Vegetable Program (FFVP) to all low-income elementary schools, and work towards expanding the program to all elementary, middle, and high schools.

Rationale: Congress first allocated funding for the FFVP in 2002 and quickly expanded to all states and territories due to its success and popularity. A U.S. Department of Agriculture (USDA) evaluation found FFVP increases



consumption among low-income students, helps reduce plate waste at school meals, and, most notably, can reduce obesity rates by three percent^v. The program is currently oversubscribed with many more districts (all low-income) applying than funded. Expanding options to participate in FFVP to all schools could significantly improve access to fruits and vegetables.

Recommendation #5: Recalibrate and modernize USDA purchasing programs to address nutrition insecurity and reach additional communities and nonprofit entities.

- USDA should procure and distribute foods, including a wide variety of fresh fruit and vegetables, in amounts that will systemically address consumption deficits for those who lack consistent access.
- Distribution programs should expand access to reputable nonprofits meeting the needs of their communities that are not currently being reached by USDA Emergency Feeding Programs.

Rationale: While USDA makes efforts to ensure purchases fall within the federal nutrition guidelines, there is no systemic effort to use purchasing programs to address the foods most under-consumed. Most USDA emergency feeding programs do not include a wide variety of fresh fruit and vegetable options, including the Emergency Feeding Assistance Program (TEFAP), Food Distribution for Indian Reservations (FDIPR), and Commodity Supplemental Food Program (CFSP) for seniors. The Fiscal Year 2023 USDA State of Origin report shows only ten varieties of fresh produce commodities were purchased. While this represents more than double the variety since 2020, growers across the country are left out of these programs because we rely on an approach that largely does not work for fresh produce^{vi}.

USDA's use of a lowest-cost bid model, coupled with a procurement and delivery system not designed to be inclusive of fresh fruits and vegetables, has had the unintended consequence of leaving out the majority of domestically-grown fresh fruits and vegetables from USDA emergency feeding programs. Additionally, limiting distribution to TEFAP recipient agencies has resulted in many reputable nonprofits being unable to access foods to meet the needs of particularly hard-to-reach populations. The Trump Administration's Farmers to Families Food Box Program showed that it is possible to provide fresh produce to those in need by utilizing the existing supply chain. While the circumstances are different today, lessons learned from the program should be incorporated into USDA procurement programs.

Recommendation #6: Expand fruit and vegetable purchases within the Supplemental Nutrition Assistance Program (SNAP).

Rationale: Recent USDA research shows that SNAP recipients must allocate 40 percent of the SNAP benefit on fruits and vegetables to meet DGA targets^{vii}. Yet, American households allocate, on average, 26 percent of food budget on fruits and vegetables, with levels significantly lower for low-income and SNAP households^{viii}. Additionally, low-income consumers consistently cite affordability as the primary barrier to healthy eating^{ix}. While fruits and vegetables cost less per serving than many less nutrient-dense foods, consumer perception drives consumption challenges^x. Incentivizing fruits and vegetables in SNAP can help directly address this barrier.

Recommendation #7: Collect and analyze purchasing data from all federal feeding and nutrition programs as a mechanism to measure alignment with, and progress towards, achieving nutrition security.



Rationale: Improving health and reducing chronic disease will require partnership between the public and private sector including government, industry, academia, and the philanthropic and nonprofit sectors. Data available on foods available and accessed across the federal government's nutrition programs can aid efforts to improve availability, demand, access, and ultimately, consumption of foods consistent with nutrition recommendations. Additionally, clear data will allow the federal government to, on a consistent basis, measure progress on goals to improve healthy eating for Americans.

In closing, we once again extend our appreciation for highlighting the unacceptable rates of chronic disease among all Americans, including children. It is our hope that as the Commission looks to evaluate the effectiveness of existing programs and identify areas of opportunity, that it will consider these evidence-based recommendations that can deliver on the promise to improve fruit and vegetable consumption to reduce the rates of diet-related disease. We stand ready to support you.

Sincerely,



Cathy Burns
CEO

International Fresh Produce Association

CC:

The Honorable Brooke Rollins, Secretary, U.S. Department of Agriculture
The Honorable Scott Turner, Secretary, U.S. Department of Housing and Urban Development
The Honorable Linda McMahon, Secretary, U.S. Department of Education
The Honorable Doug Collins, Secretary, U.S. Department of Veterans Affairs
The Honorable Lee Zeldin, Administrator, U.S. Environmental Protection Agency
The Honorable Russell Vought, Director, Office of Management and Budget
Mr. Dan Scavino, Assistant to the President and Deputy Chief of Staff for Policy
Mr. Kevin Hassett, Director, National Economic Council
The Honorable Stephen Miran, Chair, Council of Economic Advisors
The Honorable Michael Kratsios, Director, Office of Science and Technology Policy
The Honorable Marty Makary M.D., Commissioner, U.S. Food and Drug Administration
Dr. Susan Monarez, Director, Acting, Centers for Disease Control and Prevention
Dr. Matthew Memoli M.D., Director, Acting, National Institutes of Health
Senate and House Make America Healthy Again Caucuses



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- ⁱ National Health Expenditure Data: Historical. Center for Medicare & Medicaid Services. December 15, 2021. Accessed May 5, 2022. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>
- ⁱⁱ Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB, Hsu J. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. *JAMA Intern Med.* 2019;179(6):786–793. doi:10.1001/jamainternmed.2019.0198
- ⁱⁱⁱ Ridberg R, Reedy Sharib J, Garfield K, Hanson E, Mozaffarian D. Food is Medicine in the US: A National Survey of Public Perceptions of Care, Practices and Policies. March 12, 2025. [Health Affairs](#); 0278-2715; 1544-5208
- ^{iv} International Food Information Council Foundation. 2018 Food and Health Survey. Washington, DC: International Food Information Council Foundation, 2018.
- ^v Bartlett, S., Olsho, L., Klerman, J., et al. (2013). Evaluation of the Fresh Fruit and Vegetable Program (FFVP): Executive Summary. Prepared by Abt Associates under Contract No. AG3198-D-09-0053. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. Project Officers: Karen Castellanos-Brown and Allison Magness
- ^{vi} <https://www.fns.usda.gov/research/usda-foods-state-origin-usda-foods>
- ^{vii} Young, S. K., & Stewart, H. (2022). U.S. Fruit and Vegetable Affordability on the Thrifty Food Plan Depends on Purchasing Power and Safety Net Supports. *International journal of environmental research and public health*, 19(5), 2772. <https://doi.org/10.3390/ijerph19052772>
- ^{viii} Carlson A., Frazão E. Food Costs, Diet Quality and Energy Balance in the United States. *Physiol. Behav.* 2014;134:20–31. doi: 10.1016/j.physbeh.2014.03.001
- ^{ix} Young, S. K., & Stewart, H. (2022). U.S. Fruit and Vegetable Affordability on the Thrifty Food Plan Depends on Purchasing Power and Safety Net Supports. *International journal of environmental research and public health*, 19(5), 2772. <https://doi.org/10.3390/ijerph19052772>
- ^x Carlson A., Frazão E. Food Costs, Diet Quality and Energy Balance in the United States. *Physiol. Behav.* 2014;134:20–31. doi: 10.1016/j.physbeh.2014.03.001

