

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 2
(Assigned by HOD)
(A-25)

Introduced by: Senior Physicians Section

Subject: Addressing the Health Impacts of Ultraprocessed Foods

Referred to: Reference Committee (Assigned by HOD)

Whereas, ultraprocessed foods (UPFs) are industrial formulations of chemically modified substances, typically high in added sugars, unhealthy fats, salt, and artificial additives; and

Whereas, a growing body of evidence links UPF consumption to an increased risk of obesity, cardiovascular disease, diabetes, cancer and mental health disorders^{1,2,3}; and

Whereas, UPFs often disproportionately affect vulnerable populations, including low-income communities and people experiencing food insecurity; and

Whereas, public awareness of the health risks associated with UPFs remains limited, and there is a lack of clear labeling and regulatory standards to inform consumer choices; and

Whereas, physicians play a critical role in educating patients about nutrition and advocating for health policies that reduce dietary risks; therefore be it

RESOLVED, that our American Medical Association (AMA) support and promote public awareness and education about the health risks of ultraprocessed foods and the benefits of minimally processed and unprocessed foods (Directive to Take Action); and be it further

RESOLVED, that our AMA support federal, state, and local policies that promote and incentivize the production and distribution of healthier, affordable, minimally-processed and unprocessed foods (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage the integration of nutrition education into all levels of medical education to empower clinicians to best counsel patients efficiently and effectively on reducing UPF consumption (Directive to Take Action) and be it further

RESOLVED, that our AMA support increased funding to the FDA for research into the health impacts of ultraprocessed foods and strategies to mitigate their risks. (Directive to Take Action)

Fiscal Note: (Assigned by HOD)

Received: TBD

REFERENCES

1. Lane, M. M., Gamage, E., Du, S., Ashtree, D. N., McGuinness, A. J., Gauci, S., ... & Marx, W. (2024). Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses. *bmj*, 384.
2. Cossez, E., Baker, P., & Mialon, M. (2022). 'The second mother': How the baby food industry captures science, health professions and civil society in France. *Maternal & Child Nutrition*, 18(2), e13301.

3. Callahan, A. (2025, January 29). *Kennedy says ultraprocessed foods are driving chronic disease*. *The New York Times*. Retrieved March 21, 2025, from <https://www.nytimes.com/2025/01/29/us/politics/rfk-jr-processed-foods-chronic-disease.html#:~:text=5%2C%202025-,Robert%20F.,including%20autoimmune%20diseases%20and%20obesity>

RELEVANT AMA POLICY

H-150.927 Strategies to Reduce the Consumption of Food and Beverages with Added Sweeteners

1. Our American Medical Association acknowledges the adverse health impacts of of sugar-sweetened beverage (SSB) consumption and food products with added sugars, and support evidence based strategies to reduce the consumption of SSBs and food products with added sugars, including but not limited to, excise taxes on SSBs and food products with added sugars, removing options to purchase SSBs and food products with added sugars in primary and secondary schools, the use of warning labels to inform consumers about the health consequences of SSB consumption and food products with added sugars, and the use of plain packaging.
 2. Our AMA encourages continued research into strategies that may be effective in limiting SSB consumption and food products with added sugars, such as controlling portion sizes; limiting options to purchase or access SSBs and food products with added sugars in early childcare settings, workplaces, and public venues; restrictions on marketing SSBs and food products with added sugars to children; and changes to the agricultural subsidies system.
 3. Our AMA encourages hospitals and medical facilities to offer healthier beverages, such as water, unflavored milk, coffee, and unsweetened tea, for purchase in place of SSBs and apply calorie counts for beverages in vending machines to be visible next to the price.
 4. Our AMA encourages physicians to
 - a. counsel their patients about the health consequences of SSB consumption and food products with added sugars and replacing SSBs and food products with added sugars with healthier beverage and food choices, as recommended by professional society clinical guidelines.
 - b. work with local school districts to promote healthy beverage and food choices for students.
 5. Our AMA recommends that taxes on food and beverage products with added sugars be enacted in such a way that the economic burden is borne by companies and not by individuals and families with limited access to food alternatives.
 6. Our AMA supports that any excise taxes are reinvested in community programs promoting health.
 7. Our AMA will advocate for the end of tax subsidies for advertisements that promote among children the consumption of food and drink of poor nutritional quality, as defined by appropriate nutritional guiding principles.
- [CSAPH Rep. 03, A-17; Modified: Res. 429, A-22]

H-150.929 Promotion of Healthy Lifestyles I: Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium Intake

1. Our American Medical Association calls for a step-wise, minimum 50% reduction in sodium in processed foods, fast food products, and restaurant meals to be achieved over the next decade.
2. Our AMA urges the FDA to publish future editions of their voluntary targets expeditiously to make further progress on sodium reduction.
3. Our AMA supports federal, state, and local efforts to set robust targets for reducing sodium levels in school meals, meals in health care facilities, and other meals provided by daily meal providers.
4. Our AMA will advocate for federal, state, and local efforts to reduce sodium levels in products from food manufacturers and restaurants to the greatest extent possible, without increasing levels of other unhealthy ingredients, such as added sugars or artificial ingredients.

5. Our AMA supports federal, state, and local efforts to require front-of-package warning labels for foods that are high in sodium based on the established recommended daily value.
 6. Our AMA will assist in achieving the Healthy People 2030 goal for sodium consumption, by will working with the FDA, the National Heart Lung Blood Institute, the Centers for Disease Control and Prevention, the American Heart Association, Academy of Nutrition and Dietetics, and other interested partners to educate consumers about the benefits of reductions in sodium intake and other dietary approaches to reduce hypertension.
 7. Our AMA supports the continuing education of physicians and other members of the health care team on counseling patients on lifestyle modification strategies to manage blood pressure, advocating for culturally relevant dietary models that reduce sodium intake.
 8. Our AMA recommends that the FDA consider all options to promote reductions in the sodium content of processed foods.
 9. Our AMA supports further study and evaluation of national salt reduction programs to determine the viability, industry engagement, and health and economic benefits of such programs.
 10. Our AMA supports federal, state, and local efforts to regulate advertising of foods and products high in sodium, especially advertising targeted to children.
- [CSAPH Rep. 01, A-16; Modified: CSAPH Rep. 04, I-24]

H-150.939 Accurate Reporting of Fats on Nutritional Labels

Our AMA urges the Food and Drug Administration to require the use of more precise processes to measure the fat content in foods, particularly trans fats and saturated fats, and to require that the most accurate fat content information based on these processes be included on food labels. [Res. 412, A-10; Reaffirmed: CSAPH Rep. 01, A-20]

D-150.974 Support for Nutrition Label Revision and FDA Review of Added Sugars

1. Our AMA will issue a statement of support for the newly proposed nutrition labeling by the Food and Drug Administration (FDA) during the public comment period.
2. Our AMA will recommend that the FDA further establish a recommended daily value (%DV) for the new added sugars listing on the revised nutrition labels based on previous recommendations from the WHO and AHA).
3. Our AMA will encourage further research into studies of sugars as addictive through epidemiological, observational, and clinical studies in humans.
4. Our AMA encourages the FDA to: (a) develop front-of-package warning labels for foods that are high in added sugars based on the established recommended daily value; and (b) limit the amount of added sugars permitted in a food product containing front-of-package health or nutrient content claims.

[Res. 422, A-14; Res. 903, I-18]