

Federal Nutrition Landscape 2025

Lewis-Burke Associates LLC – September 12, 2025

Table of Contents

Introduction: Setting the Policy Context	1
Federal Nutrition Priorities and Activities	2
Congressional Dynamics and Funding Outlook	8
Stakeholder Landscape: Policy Stakeholder Map	9
Conclusion.....	11

Introduction: Setting the Policy Context

Public support for increasing access to nutritious foods and limiting foods perceived to be harmful continues to grow, though there is little agreement on how this will be accomplished. The Trump Administration is capitalizing on the growing interest in nutrition by leaning into the “Make America Healthy Again,” or “MAHA,” movement and recentering federal nutrition policy around the goal of ending chronic disease. However, the rollout of MAHA has been divisive within both political parties and traditional areas of support or opposition from major stakeholders in the food and agriculture industries are in flux. Nevertheless, the continued support for political engagement on nutrition from ideologically and politically diverse corners indicates that certain nutrition-related policies and priorities will persist for years to come, though likely in different forms and with different names (food is medicine”, etc.) as demonstrated by past efforts.

Federal funding for nutrition-related research has dramatically increased since the Covid-19 pandemic, a trend that pre-dates the current Trump Administration. The National Institutes of Health (NIH) and U.S. Department of Agriculture (USDA) are likely to continue to prioritize more resources for advancing the science of diet and health regardless of what party controls the White House. In addition, increased support for cross-cutting, interdisciplinary programs, will bolster nutrition-related initiatives like the rapidly expanding “Food for Health” movement (also known as “Food is Medicine” and “Food as Medicine”) and precision nutrition.

Although few new programs have been funded, MAHA-linked efforts to promote nutrition-related crosscuts present potential opportunities for public-private collaboration. Additionally, with the tumult that comes from political realignments, stakeholders, whether in research, public health, industry, or the broader non-profit sector, should expect both opportunities and risks with

engagement. Those who can demonstrate nutrition-related solutions that advance improved health outcomes while lowering costs – without expanding federal bureaucracy – will be well-placed to influence future priorities in this Administration.

Federal Nutrition Priorities and Activities

Make America Healthy Again

One cannot begin to understand the nutrition priorities of the second Trump Administration without acknowledging the substantial influence of the MAHA movement. Led by Health and Human Services (HHS) Secretary Robert F. Kennedy Jr., the MAHA agenda’s core tenants – prevention of chronic diseases and the removal of harmful chemicals from the food supply – are popular with many across the political spectrum. How MAHA is implemented, however, is politically fraught. Critics view MAHA as less of a scientific premise and more of an ideology that favors certain preordained views, treatments, and interventions over others, regardless of scientific merit.

DEVELOPMENT OF MAHA COMMISSION AND THE FIRST MAHA ASSESSMENT REPORT

On February 13, 2025, President Trump established the Make America Healthy Again Commission, a group of cabinet secretaries, agency administrators, and others, chaired by Secretary Kennedy, to produce a Make Our Children Healthy Again Strategy within 180 days (August 12). On May 22, the Commission released a *MAHA Assessment Report* outlining the Commission’s assessment of the major causes of chronic diseases in children as a precursor to the Strategy. The *MAHA Report* highlighted four issues, long championed by Secretary Kennedy, that contribute to chronic disease in children, one of which is ultra-processed foods (UPFs).

The UPFs section is the only section of the *MAHA Assessment Report* tied to nutrition and thus is the Administration’s first attempt to shape a national nutrition strategy. Although no specific policies are proposed, blame for many chronic childhood diseases is laid squarely on UPFs, [defined](#) in the *Report* as “packaged and ready-to-consume products that are formulated for shelf-life and/or palatability but are typically high in added sugars, refined grains, unhealthy fats, and sodium and low in fiber and essential nutrients.”

The *Assessment Report* does not place blame on farmers and consumers, stating, for example, that the MAHA Commission aims to “build a world – together – where American farmers are put at the center of how we think about health” and that many purchase UPFs because of their ubiquity and convenience. Instead, the *Report* blames the increase in consumption of UPFs on four major factors: the consolidation of the food system; “distorted” nutrition research and marketing; “compromised” dietary guidelines; and several government programs and policies, including those that favor crop insurance policies for traditional field crops over specialty crops and programs like the Supplemental Nutrition Assistance Program (SNAP), the School Breakfast Program, and the National School Lunch Program (NSLP). These nutrition programs are criticized for not doing enough to promote healthy eating. In contrast, the Special Supplemental Nutrition Program for

Women, Infants, and Children (WIC) is highly favored in the *Report*. Underlying issues of poverty and lack of access are not addressed.

Each of these four factors are named without directly outlining any potential policy solutions, but they strongly hint at strategies going forward.

MAHA STRATEGY

Several news outlets [released](#) a leaked draft of the highly anticipated MAHA Strategy on August 15, 2025. Unlike the previously published *Assessment Report*, the draft MAHA Strategy included less inflammatory language with respect to the nutrition and agricultural components that caused broad concern in the agriculture sector. This was a welcome development among agricultural groups, but many stalwart MAHA stakeholders hoping to see concrete policy proposals were disappointed. The tension was evident in an August 12 [Heritage Foundation event](#) featuring top MAHA Advisor Calley Means, who urged stakeholders to show patience and implied the final version of the strategy would include more regulatory teeth. On September 9, the final *MAHA Strategy Report* was released with relatively few differences.

The final *MAHA Strategy Report* includes a wide range of research and data collection priorities, many of which continue efforts already in place at USDA, NIH, and other agencies, including the following health/nutrition priorities:

- “Whole Person Health” research that ties research on sleep, nutrition, and supplements with chronic disease prevention
- Determining the impact of food and lifestyle interventions, specifically with respect to “Food for Health”
- High-quality nutrition research and “ingredient assessments”
- Precision nutrition
- Gut microbiome research as it relates to chronic disease
- Adding nutrition questions on the National Survey of Children’s Health
- Continuing longitudinal research studies, such as Healthy Brain and Child Development, All of Us, and Environmental Influences on Child Health Outcomes, for chronic disease prevention

In addition to research, the *Strategy Report* included a handful of new nutrition-related policy proposals. Both the draft and final reports included the U.S. Food and Drug Administration’s (FDA) intention to develop Front of Pack labeling standards, which have been strongly opposed by the food industry. Both also mentioned reforms to the Generally Recognized as Safe (GRAS) standards, and the final report specifically called for “closing the GRAS loophole” and implementing a “mandatory GRAS notification program,” which is notable for the use of the word “mandatory,” a departure from the FDA’s typical posture of working with industry on voluntary standards. The final report also included exploring “potential industry guidelines” that would limit direct marketing of unhealthy foods to children, taking a page from its tobacco playbook. The final report is also more

explicit that the pending Dietary Guidelines for Americans (DGA) would inform USDA's nutrition programs, including the NSLP, as well as food served at VA hospitals and, potentially, other hospitals.

The *Strategy Report* highlights the tension between the Trump Administration's commitment to deregulation and the MAHA movement's desire to regulate or otherwise remove certain chemicals from the environment and food supply. Indeed, while the *Strategy Report*'s messaging aligns with MAHA goals, the report itself diverges when it comes to supporting more MAHA related regulations—none are proposed. Instead, this most recent report includes a large section on deregulation, despite “deregulation” never once appearing in the initial *Assessment* from May.

Dietary Guidelines for Americans

The Dietary Guidelines for Americans (DGA), which is published every five years jointly by the USDA and the Department of Health and Human Services (HHS), is the most influential scientific document in the nutrition policy space. Although the DGA is given a final review by political appointees, it has traditionally been based on scientific reports released by a committee of nutrition experts from outside of government, the Dietary Guidelines Advisory Committee (DGAC).

Typically, the DGA and the DGAC's *Scientific Report* offer actionable strategies for policymakers at the agency level. For example, nutrition programs like the NSLP are, in part, based on the DGA's recommendations, and competitive research funding programs are often based on research gaps identified by the DGAC's *Scientific Report*. For decades, DGAC reports have suggested Americans limit the consumption of saturated fat, and the DGAs have made this recommendation since 1980. As a result, the NSLP limits the amount of saturated fat that can be served in school lunches.

By contrast, the recent, [2025 DGAC Scientific Report](#) determined there is not enough evidence to draw conclusions on the risks of UPFs. Ordinarily, nutrition programs would not change based on this determination, and related funding solicitations to address this knowledge gap would be expected. However, the current DGA is due to be published this year, and Secretary Kennedy has indicated that it will be short, easy to understand, and will include recommendations against UPFs, despite the DGAC's lack of a recommendation on the subject.

Instead, new research funding with the goal, either implicitly or explicitly stated, of justifying the Secretary's previously formed conclusions on a variety of publicly stated nutrition positions are likely to be supported.

National Institutes of Health (NIH) and Nutrition Research Funding

NIH is the largest funder of nutrition research across the federal government, supporting roughly \$2 billion in nutrition research per year. Although the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) houses much of the nutrition research portfolio, research opportunities are spread across many NIH Institutes and Centers (ICs), including the National Heart, Lung, and Blood Institute (NHLBI), the National Cancer Institute (NCI), the National Institute on Aging (NIA),



the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Institute on Minority Health and Health Disparities (NIMHD), and the National Institute of Nursing Research (NINR).

Each of these ICs emphasizes nutrition research within its specific areas of focus, for example highlighting how poor nutrition impacts various population groups and organ systems or influences the development and progression of disease. The Office of Nutrition Research (ONR) Director Andrew Bremer has been instrumental in coordinating these efforts. ONR ensures alignment and collaboration across NIH to support a unified strategic direction and advance nutrition science. In April, ONR released its [strategic plan for nutrition research](#) to advance nutrition science and confront the urgent crisis of diet-related chronic disease. The ONR 2026-2030 strategic plan, which complements the [NIH-wide Strategic Plan for Nutrition Research 2020-2030](#), includes four strategic goals:

- “Advance Science;
- Support the Generation of Evidence to Address Priority Diet, Nutrition, and Health Outcomes;
- Build Capacity and Strengthen the Field of Nutrition Science; and
- Foster Stewardship, Collaboration, Transparency, and Accountability in Nutrition Science Research.”

In addition to the four goals, the strategic plan for nutrition research includes a cross-cutting focus on training the next generation of nutrition researchers and addressing the impacts of nutrition across the lifespan.

In May 2025, NIH and the FDA announced a joint [Nutrition Regulatory Science Program](#) to elucidate the root causes of diet-related chronic diseases to enable the development of regulatory policy that would mirror the FDA and NIH Tobacco Regulatory Science Program. The joint program aims to accelerate research into the effects of UPFs on human health, the role of certain food additives on metabolic health and chronic disease, and the impacts of maternal and infant dietary exposures on health across the lifespan. This collaborative effort is meant to bridge the gap between NIH research and FDA regulatory expertise in pursuit of public health policies and regulations that would stem the tide of chronic disease through regulatory actions.

Announcements for neither the Strategic Plan for Nutrition Research nor the joint Nutrition Regulatory Science Program have led to specific solicitations, nor have there been timelines or funding levels associated with these initiatives. It is more likely that current programs and funding streams will be shifted towards these goals.

Nutrition research and policy at other agencies within the Department of Health and Human Services (HHS)

Agencies outside of NIH within the Department of Health and Human Services (HHS) offer only limited opportunities for extramural research related to food and nutrition. However, there are notable existing programs at the Centers for Disease Control and Prevention (CDC), Advanced Research Projects Agency for Health (ARPA-H), and the Food and Drug Administration on nutrition and chronic disease.

CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC's [National Center for Chronic Disease Prevention and Health Promotion \(CCDPHP\)](#) operates several multi-year, center-level programs in collaboration with universities centered on nutrition-related issues such as chronic disease prevention and health equity. The most notable examples of these partnerships are the [Prevention Research Centers](#) and the [High Obesity Program](#), the latter of which is exclusive to land-grant universities. Successful grantees typically have strong partnerships with CDC and advanced institutional research capabilities.

Despite Congressional support, the Office of Management and Budget (OMB) recently directed CDC to freeze nutrition and physical activity research, chronic disease education and outreach, and national diabetes prevention programs at CCDPHP. This action is directly aligned with the President's budget request for CDC, which proposed to transfer most CDC noncommunicable disease programs into a new Administration for a Healthy America (AHA). As a result, it remains unclear what the funding landscape will look like for CDC's chronic disease and nutrition portfolio moving forward.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

ARPA-H was established in 2022 with a broad mandate to fund high-risk, high-reward biomedical and health systems research. One of the four [Mission Offices within](#) ARPA-H is Proactive Health, which is geared towards prevention strategies and treatments to evaluate and mitigate disease risk. As such, the [Proactive Health Mission Office Innovative Solution Openings \(ISO\)](#) may provide an opportunity to fund individual research projects that are not directly related to an existing ARPA-H program, including high-risk, high-reward nutrition science research. Recently, however, the agency has trended towards the development or use of new technologies, and so successful proposals will likely include technology- or engineering-based solutions to nutrition-related challenges.

FOOD AND DRUG ADMINISTRATION

Of all HHS agencies, FDA has arguably been the most proactively engaged with the Administration's nutrition- and MAHA-related priorities. In July, FDA and USDA jointly released a [request for information \(RFI\)](#), due September 23, to inform the development of a uniform, federal definition of UPFs. The RFI reflects the Administration's focus on preventable, diet-related chronic disease and expresses concern that the lack of a single, universally accepted definition of UPFs will hamper the further establishment of links between UPFs and negative health outcomes. Further collaboration is anticipated between FDA and USDA to address chronic disease and elucidate the long-term metabolic effects of UPFs.

In addition to its publication of the UPF RFI, FDA has also signaled its engagement with MAHA by focusing on nutrition initiatives new to the Agency. Most recently, in June, FDA [announced](#) that it was seeking to fund up to \$20 million in new pilot studies aimed at evaluating the toxicological safety and nutritional quality of meals served in all schools that actively participate in the NSLP and to promote improvements to the nutritional quality of school lunch menus. FDA will fund this pilot program using existing funding from the agency's Human Foods Program (HFP), which has traditionally focused on food safety. The President's FY 2026 Budget Request [seeks an additional \\$234.6 million](#) in FDA HFP funding in FY 2026 for MAHA priorities, including \$20 million in new funding for additional school nutrition efforts related to the pilot. The Senate has signaled support by providing \$10 million for FDA's school nutrition work in its FY 2026 Agriculture-FDA appropriations bill, and it is likely that FDA will continue to expand efforts, including funding opportunities, in the MAHA nutrition space moving forward.

In addition to FDA's new work on UPFs and school meals, much of FDA's nutrition work in the current Administration is focused on the elimination of synthetic food dyes. Rather than revoking authorizations for the use of many synthetic food dyes, which takes time and administrative work but would be legally binding, FDA is instead touting and [tracking commitments](#) from large food companies to phase out the use of certain synthetic dyes in their products. In a similar exercise, in August, Secretary Kennedy issued a joint statement with Education Secretary Linda McMahon [announcing an initiative](#) to persuade American medical schools to "immediately implement comprehensive nutrition education and training." Although the Administration has no authority to force a curriculum change, Secretary Kennedy directed medical schools to submit nutrition education commitments with comprehensive written plans. By providing only a two-week turnaround for the submission of these plans, Secretary Kennedy's HHS has put medical schools on notice that they, also, will feel significant pressure to adjust to meet the Administration's goals, regardless of the absence of legal authority to force a change or to implement adverse consequences if no plans are submitted.

Whether FDA continues its current pressure-campaign approach to nutrition priorities or takes a harder stance may come in its response to a [citizen's petition](#) filed by former FDA Commissioner David Kessler. On August 6, Dr. Kessler, who was appointed by President George Bush and reappointed by President Bill Clinton, submitted a citizen petition to revoke the GRAS status for certain processed refined carbohydrates that are markers for UPFs. Revoking GRAS status would not exclude these ingredients or processes from the food supply, but it would put the onus on the food industry to first prove that they are safe. In light of modern nutrition science, that evidence may not be easy to compile. Requiring the food industry to prove an ingredient is safe, rather than assuming it is, is a MAHA tenant, but using the revocation of GRAS status to effect change in the food system is not unique. For example, the Obama Administration used this strategy to remove trans fats from the food supply in the 2010s. FDA has 180 days to respond to this petition, and it remains to be seen whether the Trump Administration will use this petition as a means to embrace

a more direct strategy to regulate UPFs or if it will back away from the potentially bruising fight with the food industry. Regardless, more research on specific UPFs will likely be supported.

Nutrition Research and Policy at the U.S. Department of Agriculture (USDA)

USDA Secretary Brooke Rollins has referred to herself as a “MAHA Mom,” and she has signaled her commitment to MAHA’s agenda by [granting SNAP waivers](#) that allow states to limit SNAP-eligible foods. However, she also [cancelled the Local Food for Schools program](#), which had significant alignment with a French program the *MAHA Report* highlighted that required schools to “source half their products from local sources.” This demonstrates the limits of MAHA-oriented actions at USDA and suggests that policies or programs that require funding are less likely to gain traction.

USDA’s research agencies include the extramural National Institute of Food and Agriculture (NIFA), the intramural Agricultural Research Service (ARS), the Economic Research Service (ERS), and the National Agricultural Statistics Service (NASS), which, together, fund, perform, compile, and publish agricultural research, data, and economic products. Nutrition-related programs are regularly pursued by each of these agencies. NIFA’s Division of Nutrition, for example, oversees competitive and non-competitive grant programs, and ARS operates six major human nutrition research centers across the country.

ARS and ERS may shift some research programs in FY 2026 to align with MAHA goals, but new funding programs are unlikely to be implemented by NIFA in the near term. This is because NIFA funding solicitations are significantly delayed, and no new programs or major changes expected before FY 2027.

Congressional Dynamics and Funding Outlook

The most recent congressional actions related to nutrition policy are the SNAP-related provisions of the *One, Big, Beautiful Bill Act*, which could result in hundreds of billions of dollars cut from the program. The legislation also eliminates mandatory funding for SNAP-Education (nutrition education programs), tightens SNAP food restrictions, and imposes additional work requirements for SNAP beneficiaries. The changes echo priorities outlined in the *MAHA Report*, which specifically mentions SNAP as promoting the consumption of ultra-processed foods and calls for reform.

To date, the Congressional MAHA Caucus, established in December 2024 and led by Rep. Lloyd Smucker (R-PA11), Rep. David Joyce (R-PA13), and Senator Roger Marshall (R-KS), has yet to advance legislation to modify federal nutrition programs with MAHA goals in mind. In the interim, leadership of the relevant authorizing committees in Congress has continued to hold hearings on SNAP and other programs that directly and indirectly impact Americans’ access to nutritious foods and to consider limited legislation in these areas. In June, the Senate Committee on Agriculture, Nutrition, and Forestry approved legislation that would allow schools participating in the NSLP to

resume offering whole and reduced-fat milk while also expanding the offerings of certain nutritious non-dairy beverages. While not a product of the MAHA Caucus, this legislation supports MAHA goals concerning restoring whole milk access in schools.

In addition to authorizing committee action, preliminary actions from the House and Senate Appropriations Committees indicate sustained bipartisan support for many key nutrition programs across HHS and USDA. For example, the draft Senate appropriations bill that would fund HHS in FY 2026 includes accompanying report language urging the NIH to expand intervention research for diabetes, obesity, and other metabolic diseases with a focus on nutritional management strategies. The Senate bill also supports ongoing efforts at the NIH to establish Food Is Medicine Centers of Excellence and directs the agency to partner with relevant stakeholders in academic, healthcare, and nonprofit sectors to identify gaps and opportunities. Also, as noted earlier in this analysis, the Senate supports \$10 million in new funding for FDA efforts to improve school lunch nutrition.

Senate appropriators have also expressed support for ongoing nutrition services offered by the Health Resources and Services Administration's Ryan White HIV/AIDS program, including the Medical Nutrition Therapy and Food Bank/Home Delivered Meals initiative, and the Senate has proposed to maintain current funding levels for farm-to-school programs at the CDC, which support research and education opportunities that promote healthy eating for students. In addition, the Senate appropriations bill encourages the Centers for Medicare and Medicaid Services (CMS) to partner with qualified academic institutions that can aid certain States to implement ongoing initiatives to increase access to nutritious foods. The Senate bill also includes almost \$2 million in congressionally directed spending, also known as "earmarks," that would directly support facilities and programs across the country that provide nutrition services.

Meanwhile, while House appropriators include less funding support and report language concerning nutrition overall in their funding bill, they do include a proposed \$10 million increase for NIH nutrition research in FY 2026. The House also includes \$100 million for HHS to advance the MAHA agenda, and a portion of this funding would be used on telehealth nutrition services. Further, while bipartisan support for smaller USDA nutrition programs is generally maintained across both chambers, House appropriators propose including a ten percent cut in cash value vouchers that allow for the purchase of fruits and vegetables as part of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The Senate maintained this WIC funding.

As the September 30 deadline for the fiscal year looms, the House and the Senate will have a small window to reach an agreement that resolves the differences between their appropriations bills.

Stakeholder Landscape: Policy Stakeholder Map

The 2025 federal nutrition policy environment reflects a highly active but divided stakeholder field, with organizations positioning themselves either as collaborative partners in advancing innovation or as critics of key federal nutrition program restructuring.

Key Advocacy Coalitions and Industry Players

The federal nutrition space is defined by a robust, yet divided ecosystem of advocacy organizations, industry associations, and coalitions that shape both legislative and regulatory outcomes.

Coalitions such as the Alliance to End Hunger, the Food Is Medicine Coalition, and health-system partners like Kaiser Permanente have aligned with federal priorities emphasizing nutrition as prevention, scaling pilots such as produce prescriptions and medically tailored meals. Similarly, groups like the American Heart Association (AHA) and American Academy of Pediatrics (AAP) are leveraging their credibility to advance “food is medicine” initiatives and strengthen school meal standards. Meanwhile, longstanding leaders such as FRAC (Food Research & Action Center), Feeding America, and the Center for Science in the Public Interest (CSPI) remain at the forefront of efforts to protect and expand SNAP, WIC, and school meal programs - vocally opposing SNAP eligibility tightening and school meal flexibilities, warning that reforms could erode food access for vulnerable populations.

Retailers and food companies are leveraging the Administration’s emphasis on efficiency and private-sector innovation. Walmart, Kroger, and Amazon/Whole Foods are aggressively expanding their role in SNAP and WIC benefit delivery, including through pilot projects with USDA’s Food and Nutrition Service (FNS) that utilize digital platforms and e-commerce ordering. Agricultural and food industry associations, such as the National Grocers Association (NGA), Consumer Brands Association (CBA), and the National Restaurant Association, are playing an increasingly important role in shaping implementation issues around procurement, labeling, and food safety standards, while agriculturally oriented groups such as the American Farm Bureau Federation and National Corn Growers Association are linking nutrition reform debates to farm bill negotiations and supply chain stability.

Despite broad bipartisan interest in nutrition policy reform, opposed voices remain significant. Conservative think tanks continue to press for restrictions on SNAP eligibility, expanded work requirements, and tighter program oversight. Certain industry groups are pushing back against regulatory efforts by FDA and USDA – including proposed front-of-package nutrition labeling and updated school meal standards – arguing that such measures impose costly mandates and limit consumer choice. In addition, ideological divides persist around universal free meals, with some opponents framing the policy as government overreach. Together, these key influencers represent a fragmented but influential ecosystem, with dynamics further underscoring the importance of a sophisticated engagement strategy.

Success for stakeholders in this environment will depend on their ability to demonstrate outcomes that align with federal priorities – efficiency, measurable health impact, prevention, and affordability – while navigating ideological opposition and competing narratives in the policy space.

Philanthropies, Foundations, and Emerging Alliances

The nutrition policy landscape is expanding well beyond the traditional anti-hunger and agriculture stakeholders. As mentioned above, the healthcare sector is advancing food-as-medicine models to reduce healthcare costs and improve patient outcomes, and the retail and technology sectors are positioning themselves as critical partners in modernizing SNAP and WIC through digital access, delivery, and nutrition incentive programs. Meanwhile, philanthropy has become a significant force in both arenas. Major foundations are increasingly aligning investments with the MAHA Commission's prevention-driven priorities. The Rockefeller Foundation is scaling its Food is Medicine Research Initiative, while the Robert Wood Johnson Foundation, the Michael & Susan Dell Foundation and Bloomberg Philanthropies are funding pilots that test community-based food access models and produce-prescription programs while also supporting research and convenings that drive innovation and policy momentum.

States and Localities

States and local governments are pivotal players in federal nutrition policy, serving as laboratories for innovation and frontline implementers of federal programs. State-level WIC modernization efforts (e.g., California and New York's digital WIC pilots) are informing federal priorities around e-commerce and benefit redemption. Texas and Florida are expanding work-oriented SNAP pilots and experimenting with streamlined school meal flexibility, aligning with the Administration's goals of accountability and local choice. Similarly, states like California and Massachusetts are actively pursuing "food as health" initiatives and expanding Medicaid reimbursement for medically tailored meals, which, in turn, are influencing federal conversations at USDA, HHS, and the CMS. Local school districts and city governments are also shaping national debates on child nutrition access and standards, such as with New York City's universal school meals program.

Conclusion

A focus on nutrition and its role in reducing chronic disease will remain a politically potent topic for years to come. MAHA is the current, most influential iteration of this idea, and, ultimately, the success of this Administration's nutrition-related agenda depends not only on its popularity but on how the agenda is implemented, both by the Administration and by Congress. Congressional actions have sometimes aligned with the Administration, but Congress has also demonstrated interest in funding local food purchasing programs that the Administration cancelled and making investments in research that the Administration stalled. Meanwhile, advocacy and industry organizations are moving rapidly to position themselves for potential opportunities in the nutrition policy space. Lewis-Burke will continue to watch the opportunity space for potential opportunities.