

# MAHA

*Make America Healthy Again*

## Smart Book

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MAHA

# What is MAHA?

**Make America Healthy Again (MAHA)** is “bold, decisive action to reform America’s food, health, and scientific systems to identify the root causes of the chronic disease epidemic.”<sup>1</sup> Upon assuming office in his second term as President of the United States, Donald J. Trump appointed Robert F. Kennedy, Jr. to Secretary of the Department of Health and Human Services (DHHS). The appointment was the first step to fulfilling a campaign promise to advance health care policy changes in the United States, particularly aimed at children.

## What are MAHA’s origins?

On February 13, 2025, President Trump issued Executive Order (EO) 14212 to create the Make America Healthy Again Commission to address the childhood chronic disease crisis. The EO specifically highlighted the need for “fresh thinking on nutrition, physical activity, healthy lifestyles, over-reliance on medication and treatments, the effects of new technological habits, environmental impacts, and food and drug quality and safety.”<sup>2</sup>



MAHA



# What are the MAHA Commission's four priority areas of focus?

The commission identified four main drivers of chronic childhood illness:

1. Poor diet
2. Aggregation of environmental chemicals
3. Lack of physical activity and chronic stress
4. Overmedicalization

Specific concerns for children's health under the four priority focus areas include:

- A 270% increase in obesity since the 1970s
- Increased diabetes rates, for both Types 1 and 2
- Increased rates of neurodevelopmental disorders
- Cancer incidence rates increasing over 40% since 1975
- Reports of worsening mental health states, including suicidal thoughts, depression, and anxiety
- Seasonal and food allergy prevalence
- Widespread incidence of autoimmune disorders

The commission attributed specific concerns about children's health largely to the following contributory factors and causes:

- Ultra-processed foods (UPFs)
- Environmental chemical exposure
- Pervasive technology use
- Over-prescription of pharmaceutical drugs
- Corporate capture of the U.S. health system

Concluding its report, the commission advocated for “supporting gold-standard scientific research and developing a comprehensive strategy” to combat childhood chronic disease in America.<sup>3</sup>



# What is the MAHA Commission's Strategic Plan?

On September 9, 2025, the MAHA Commission released a strategic plan titled *Make Our Children Healthy Again*, which made recommendations to President Trump as to executive actions his administration could take to address the childhood chronic disease crisis, including:

- Advancing research
- Realigning incentives
- Increasing public awareness
- Fostering private sector collaborations<sup>4</sup>

As MAHA has evolved from vision to implementation, it's clear that some of its strategies have taken on a different form than some early MAHA advocates originally anticipated. These similarities and changes get discussed in more detail further in this paper. Parents will want to pay particular attention to which reforms they can directly influence in their local governments, and whether these reforms align with constitutional principles of liberty and respect the pre-eminence of parents' role in protecting their children.

## What do people think about MAHA?

An almost historic low in trust in government<sup>5</sup> and persistent concerns about disastrous national and state Covid-19 policies based on bad science have fueled public efforts to force government health policies to be more accountable and transparent through hoped-for MAHA-related reforms.

A Farmdoc poll titled [Tracking Public Perceptions of MAHA](#), published on September 8, 2025, found that “awareness of MAHA remains high and continues to be popular overall” but that “respondents reported that MAHA is less aligned with their values than three months prior.” The poll's conclusions were based on the responses of 1,000 U.S. consumers to two polls conducted, the first in May of 2025 and the second in August 2025.<sup>7</sup>

Shifts in public perception on MAHA likely mirror messaging shifts from the DHHS and the resulting social and legacy media coverage. These narratives around MAHA highlight what may be seen as early growing pains resulting from discrepancies between MAHA's intent and implementation with public expectation. For example, many parents want to ensure that informed consent for medical procedures including vaccinations is legally guaranteed, though concerns like this aren't directly addressed in the MAHA Commission's strategic plan. Given this fact, and that federal initiatives often require state cooperation (which may vary significantly different from state to state), public oversight at the local level will continue to be crucial in shaping desired health-policy changes.

# What ties MAHA to schools?

Health policy affects kids every school day.

Whether it's through meals, immunizations, screenings, consent forms, or data collection, it's undeniable that schools play an outsized role in determining decisions that impact children.

## Meals

For example, over a typical K - 12 grade school career, a child could eat ~2,300 school lunches (13 years  $\times$  175–180 days) and ~4,600 meals if they also eat school breakfast. The quality of the food consumed by students can affect their ability to focus, study, play, and sleep. Studies from the NBER<sup>8</sup> and CDC<sup>9</sup> have demonstrated direct correlation between healthy eating and improved academic outcomes.

## Vaccines

Immunization schedules, often required for public school attendance, are another example of health policy that parents find themselves obligated to comply with. With immunization schedules now requiring 70 or more recommended and required vaccines, many parents feel pressured to have their children participate in the schedules, despite concerns about the potential of vaccine injuries or a simple desire to not vaccinate. And as more school-based health clinics emerge, so will the availability of immunization services to students in schools, introducing new challenges for parents adverse to increased exposure to coercive vaccination messaging.

## Informed Consent

The expansion of health-related programs means informed parental consent must be obtained for medical and mental health services to be delivered.



# What ties MAHA to schools? *(continued)*

Fully informed parental consent requires that these Four Pillars of Informed Consent be met:

- **Disclosure**—Schools must provide parents with specific information about medical or mental health services in writing, including the benefits and risks of any treatment, and answering any questions parents ask about the procedures or treatments to be delivered.
- **Comprehension**—Parents must understand the specific details they receive, as well as be able to recognize the potential implications of the procedures or treatments.
- **Competence**—Parents must have the mental capacity to consent to the procedures or treatments, and to make rational decisions.
- **Voluntariness**—Parents must willingly engage their children in any procedures or treatments. Schools must respect a parent’s right to withdraw consent at any given time.<sup>10</sup>

The comprehensive nature of school health policy, including food quality, vaccine schedules, and informed-consent practices signals that, more than ever before, parents have their work cut out for them in monitoring the factors contributing to student well-being, family rights, and keeping the focus on learning.

## Red flags to watch for in school health policies

Nutrition, physical activity, healthy lifestyles, medication and treatments, technological habits, and food and drug quality and safety are other issues mentioned in the MAHA report that, over time, have crossed into the public school system. School implementation of the Center for Disease Control’s Whole Child policies has accelerated in recent years, leading to an expanded role in monitoring these metrics through intrusive student data collection.<sup>11</sup>

Of concern, the MAHA Commission’s strategic plan mirrors Whole Child policies with a “Whole-Person-Health approach.” The plan outlines different policies, methods, approaches, studies, restructuring, deregulation, and data collection it intends to undertake to implement its recommendations, some of which mention partnering with schools directly.<sup>12</sup>

Whole Child policies, since their inception, have received justified pushback from parents opposed to multiple outside stakeholders assuming responsibilities that have traditionally belonged to the family. Whole Child policies by design extend into controversial areas like sexual and mental health in ways that unethically circumvent informed parental consent for participation. Parents concerned about how MAHA’s focus on Whole-Person-Health relates to the CDC’s Whole Child policy will need to be explicit in asking questions and voicing their objections to this overreach.<sup>13</sup>

## How can you learn more?

As MAHA initiatives are still in the early stages, you can track new developments at [www.hhs.gov/maha](http://www.hhs.gov/maha)

You can also see how states are choosing to interpret and implement MAHA’s goals at [www.hhs.gov/maha/state-actions](http://www.hhs.gov/maha/state-actions)

# How Does MAHA Intend to Influence Food Policy In Schools?

*“We need to stop poisoning our kids and make sure that Americans are once again the healthiest kids on the planet.”<sup>14</sup>*

- Secretary Robert F. Kennedy, Jr.

## ***What did previous school lunch program policies look like?***

Concerns about the quality of school lunch programs date back decades, with public opinion reaching especially viral levels during the Obama-era Healthy, Hunger-Free Kids Act of 2010 (HHFKA). The Act claimed to improve the nutritional quality of school meals funded by the Federal government.<sup>15</sup>

Critics of HHFKA have cited the inflexibility of its one-size-fits-all Federal control over local lunch options (restricting schools’ ability to offer tortillas popular in areas with large Hispanic student populations, for example)<sup>16</sup> and its heavy emphasis on physical activity as an overly simplistic approach to combatting childhood obesity.<sup>17</sup>

Backlash against the Act’s effects on school lunch portions, waste, and taste set the stage for the first Trump administration to roll back some of the program’s provisions, adding to school meals more milk choices and sodium while loosening whole grain requirements.<sup>18</sup> These changes were subsequently modified in 2024 by the Biden administration’s Department of Agriculture, and imposed limits on added sugars, reductions in sodium, and an increase in whole-grain content.<sup>19</sup>

## ***What are some problems with school lunch programs today?***

The MAHA Commission’s strategic plan highlights action it intends to take on food that will affect the National School Lunch Program’s nutritional problems directly, or has the potential to influence indirectly:

- **Poor general nutritional and ingredient quality**
  - “NIH will partner with FDA, USDA, and the Administration for a Healthy America (AHA) to conduct high quality nutrition research and ingredient assessments.”<sup>20</sup>
- **Petroleum-based food dyes**
  - “FDA will continue to advance and implement policies to limit or prohibit the use of petroleum-based food dyes (*FD&C certified colors*) in all food products approved in the U.S. The USDA will apply the framework to food served through Federal nutrition programs, especially the school lunch program.”<sup>21</sup>
- **Chemical additives in foods**
  - “FDA will continue to develop and implement an enhanced evidence-based systematic process for the post-market assessment of chemicals in food.”<sup>22</sup>

# How Does MAHA Intend to Influence Food Policy In Schools? *(continued)*

- **Ultra-processed foods**
  - “SDA, HHS, and FDA will continue efforts to develop a U.S. government-wide definition for ‘Ultra-processed Food’.”<sup>23</sup>
- **Whole milk sale restrictions in schools**
  - “[Allow] districts to offer full-fat dairy options alongside reduced-fat alternatives.”<sup>24</sup>

## *What are other actions related to food policy changes that will affect students and their parents?*

While MAHA identifies and seeks to remedy various deficiencies in food quality issues in the school lunch programs, it also takes steps to promote messages about health and nutrition to children through schools and collaborations with public and private partners, such as:

- **Awareness campaigns:** Providing “tools to implement best practices such as increasing physical activity and improving nutrition options.”<sup>25</sup>
- **Community-level transformations:** “[L]ocal school leadership promoting increased physical activity during the school day.”<sup>26</sup>
- **Federal agency coordination:** HHS, USDA, ED, VA, and the Department of Defense coordinating efforts to “improve access to whole, healthy foods in government-funded nutrition programs and meals, including in school meals.”<sup>27</sup>



# What can you do?

Encouraging physical activity along with advocating for improved food quality at schools is a good start, but don't forget to monitor how schools implement MAHA-related programs. All too often parents find out too late that programs with good intentions can be derailed by stakeholders with agendas that don't align to liberty or preserving parents' best interests.

## Focus on simple and family-centered solutions

- Just have fun! Active children are happy children, and activity doesn't need to be overly structured to engage children in a positive and enjoyable way. Basic activities with simple rules, like tossing, running, and jumping are easy to organize and maintain.
- Talk to your children about why you make the food choices you do as a family, and discuss how healthy eating habits help them have the energy they need to do fun things they enjoy doing.
- Teach your children games and diversions you enjoyed as a child, ones they can share with their friends on the playground.
- Model healthy habits for your children, whether those be related to play, meals, or sleep.
- Pack healthy lunches at home for school and providing breakfasts that avoid processed foods.

## Watch out for these RED FLAGS!

- Programs imposing Social Emotional Learning “standards” on students' recess time, like PlayWorks, which displace imaginative free play with structured SEL activities.<sup>28</sup>
- Parents can advocate replacing Social Emotional Learning recesses with programs like OUR Outdoor Unstructured Recess: <https://bgeoghegan4.substack.com/p/sel-needs-to-go-its-our-time>
- Programs turning physical activity into “social responsibility” initiatives, in which individual students feel compelled to be accountable for outcomes related to the “health of the whole.”
- Programs incentivizing student participation in environmental activism, like monitoring or ranking other students' food waste or consumption habits to align with UNESCO or other NGO sustainable development metrics.<sup>29</sup>



# What Changes to Pharma Policy Can Parents Expect From MAHA?

*“There is a concerning trend of overprescribing medications to children, often driven by conflicts of interest in medical research, regulation, and practice. This has led to unnecessary treatments and long-term health risks.”<sup>30</sup>*

- MAHA Commission

## Pharmaceutical Trends: Historical vs Modern Day

### 1962

- OPV
- Smallpox
- DTP

**5 DOSES**

Since 1986,  
Pharma has  
not been  
liable for  
vaccine injury or death.

For more detailed information, scan  
the QR code below to visit  
[standforhealthfreedom.com](http://standforhealthfreedom.com)



### 1983

- DTP (2 months)
- OPV (2 months)
- DTP (4 months)
- OPV (4 months)
- DTP (6 months)
- MMR (15 months)
- DTP (18 months)
- OPV (18 months)
- DTP (4 years)
- OPV (4 years)
- Td (15 years)

**24 DOSES**

### 2025

- Influenza (pregnancy)
- RSV (pregnancy)
- Tdap (pregnancy)
- Hep B (birth)
- Hep B (2 months)
- Rotavirus (2 months)
- DTaP (2 months)
- Hib (2 months)
- PCV (2 months)
- IPV (2 months)
- Rotavirus (4 months)
- DTaP (4 months)
- Hib (4 months)
- PCV (4 months)
- IPV (4 months)
- Hep B (6 months)
- Rotavirus (6 months)
- DTaP (6 months)
- Hib (6 months)
- PCV (6 months)
- IPV (6 months)
- Influenza (6 months)
- Influenza (7 months)
- Hib (12 months)
- PCV (12 months)
- MMR (12 months)
- Varicella (12 months)
- Hep A (12 months)
- DTaP (15 months)
- Influenza (18 months)
- Hep A (18 months)
- Influenza (2 years)
- Influenza (3 years)
- DTaP (4 years)
- IPV (4 years)
- MMR (4 years)
- Varicella (4 years)
- Influenza (4 years)
- Influenza (5 years)
- Influenza (6 years)
- Influenza (7 years)
- Influenza (8 years)
- Influenza (9 years)
- Influenza (10 years)
- Influenza (11 years)
- Meningococcal (11 years)
- HPV x3 (9-15 years)
- Influenza (12 years)
- Influenza (13 years)
- Influenza (14 years)
- Influenza (15 years)
- Influenza (16 years)
- Meningococcal (16 years)
- Influenza (17 years)

**72 DOSES**  
before age 18

(Children who miss shots, travel internationally, are high risk, immunocompromised, have special medical indications will get more. Doses counted by earliest age and max doses recommended.)

## Some fast facts -

- In the past 50 years, children in the U.S. have gone from receiving 8 vaccination doses to up to 70 by the time they turn 18 years old.<sup>31</sup>
- From 2006 to 2023, childhood prescriptions for SSRI psychotropics more than doubled.<sup>32</sup> These drugs are used to treat anxiety and depression, but can also have dangerous side effects, like suicidal ideation.
- Claims for vaccine injuries under the United States' National Vaccine Injury Program (Covid-19 excluded) from 2015 to 2025 outpaced the prior 10 years by 272%.<sup>33</sup>
- Researchers have noted an alarming increase in pharmaceutical contaminants, affecting childhood development.<sup>34</sup>

# How does MAHA propose to address pharma problems affecting schoolchildren?

The MAHA Commission's strategic plan touches on pharma-related issues through "advancing critical research," including:

- **Measuring cumulative exposure to chemicals:** "The EPA, U.S. Department of Agriculture (USDA), and NIH will develop a research and evaluation framework for cumulative exposure across chemical classes."<sup>35</sup>
- **Studying the origins of autism:** "The Department of Health and Human Services (HHS), through NIH and in collaboration with the Centers for Medicare & Medicaid Services (CMS), will study the root causes of autism, including through the [Real World Data Platform] RWDP."<sup>36</sup>
- **Investigating vaccine injuries:** "HHS, in collaboration with NIH, will investigate vaccine injuries with improved data collection and analysis, including through a new vaccine injury research program at the NIH Clinical Center that may expand to centers around the country."<sup>37</sup>
- **Water quality:** "Agency research could also include research to inform the understanding of levels of pharmaceuticals in our water supply that could be adversely affecting animal and human health."<sup>38</sup>
- **Longitudinal pediatric data analysis:** The VA will provide the NIH critical data on... pharmaceutical usage among... (CHAMPVA) beneficiaries under 18."<sup>39</sup>

The MAHA Commission listed further goals to realign "incentives and systems to drive health outcomes" regarding pharmaceuticals, with the following most directly affecting children:

- **Vaccine framework:** "Ensuring America has the best childhood vaccine schedule; addressing vaccine injuries; modernizing American vaccines with transparent, gold-standard science; correcting conflicts of interest and misaligned incentives; and ensuring scientific and medical freedom."<sup>40</sup>

# What can you do?

*"It all comes down to parental rights. It's not my right to tell you what to do with your child, just like it's not your right to tell me what to do with mine."<sup>41</sup>*

- Melisha Dooley, "MAHA Mom"

Many of the MAHA Commission's recommended actions on pharma involve research studies and investigations involving multiple agencies and government entities, but don't directly address protecting parental rights concerning vaccinations, overprescription of drugs, or unnecessary medical interventions, including those related to mental health.

Given this fact, parents must continue to be their own most vocal and involved advocates for their children and their parental rights in schools, which are becoming increasingly medicalized environments.

## Some Actions Parents Can Take Now:

- Know your rights! Every state has different state vaccine requirements and exemptions. Learn more at the National Vaccine Information Center: <https://www.nvic.org/law-policy-state/vaccine-laws>
- Opt out of unwanted mental health programs or instruction at school: <https://will-law.org/optout/>
- Advocate for local law that recognizes opt-outs related to vaccinations as a right of conscience or religious belief protected by the Constitution. In 2023 Utah passed a bill, HB348, which can serve as model legislation for opt-outs based on conscience or religious belief if your state does not already have similar provisions in code.<sup>42</sup>
- Assert your parental rights to written informed consent for any medical or mental health practices or procedures in a school receiving funds under Title IV Part A, as protected by 20 U.S.C. § 7107. <sup>43</sup>Title IV Part A provides grant monies under the Elementary and Secondary Education Act for schools to "improve student outcomes." Surveys, screenings, and, and many other mental health-related interventions and preventions that schools employ to qualify for these funds should not be administered without the Four Pillars of Informed Consent being met—Disclosure, Comprehension, Competence, and Voluntariness.
- Read the Federal law on Additional Protections for Children Involved as Subjects in Research for all studies conducted or supported by the U.S. Department of Health and Human Services. This law explains the federal protections for children who participate in scientific studies as students or in private capacities.<sup>44</sup>
- Discover local resources and calls to action on health-related issues at: <https://standforhealthfreedom.com/take-action/>

Research and seek out promising, professional, non-pharmaceutical treatments for anxiety and depression. Some options include exposure therapy and transcranial magnetic stimulation, or TMS.

# What Other MAHA Developments Should Parents Be Aware Of?

## Limiting Screen Time

The MAHA Commission makes mention of limiting screen time for children no fewer than four times in its strategic plan.<sup>45</sup> A significant number of states have taken legislative steps to enact student cell phone use restrictions or bans and classify these efforts as MAHA compliant.<sup>46</sup>

Recent laws banning cell phones in schools across the country do mark progress. However, parents should be aware that many state-imposed regulations applied to personally-owned electronic devices don't extend to Chromebooks or other 1-to-1 devices issued by schools to students, raising the question of whether screentime for students is in reality being reduced adequately or appropriately.

Further concerns about the constitutionality of a priori confiscations of personal property, like a cell phone, that isn't inherently illicit, and about schools interfering with parents' ability to communicate directly with their children in emergency situations at schools have been raised by parent advocates in states with student cell phone bans.<sup>47</sup>

## Expanding Mental Health Services

Student exposure to mental health services, like medication, can also be prone to “overprescription,” as warned against by the MAHA Commission. Universal mental health preventions and interventions target entire student bodies and are frequently implemented without prior parental knowledge or consent. Parents concerned about universal preventions and interventions should request that their local schools provide them with advance notice and descriptions of applicable programs and practices so that they may excuse their child from participating. Check out the [Parent's Opt-Out Guide](#) from Moms for Liberty for more details.



## Responding to Common Arguments

Though certain MAHA initiatives are still in the “wait-and-see” stages, there are others that are easy to formulate clear-cut arguments for. We provide a few suggestions below:

**Argument:** Concerns about vaccinations are fear-mongering, moving us away from science when we should be trusting the experts.

**Response:** Concerns about the safety and effectiveness of vaccines have only increased in the past 10 years, with claims of vaccine injuries increasing almost 300% during that time. And these statistics don’t even include Covid-related injuries! Parents ALWAYS have the right to ask questions and protect their children from any pharmaceuticals or medical procedures where the risk could outweigh the reward.

**Argument:** I've heard the MAHA movement has made some pretty "out there" fringe claims about vaccines, medications, and even WiFi. How can we trust MAHA if they don't even trust basic medicine and science?

**Response:** Here's a quick response *“MAHA is about making health policies safer and more transparent for our kids. It's not about one person's opinions—it's about giving parents the facts and the freedom to choose what's best for their families.”*

Even within the medical profession, you’ll find experts take opposing sides on the same issue, so there needs to be room for disagreement and legitimate scientific inquiry and discovery that isn’t controlled by corporate or political interests.

**MAHA Is Bigger Than One Person.** The MAHA Commission is a broad, bipartisan effort created by Executive Order to address the childhood chronic disease crisis, with input from scientists, doctors, and public health experts across the country. The Commission’s recommendations focus on improving nutrition, reducing chemical exposures, increasing transparency, and protecting parental rights.

# Sample Conversations

**Science Is About Asking Tough Questions.** The MAHA movement has raised concerns about vaccine safety, medication overuse, and environmental health risks. While some statements are controversial, it's important to remember that science advances by questioning, testing, and debating—not by silencing dissent. Even within the medical community, experts disagree and new research sometimes overturns old ideas.

**Parents Deserve Transparency and Choice.** MAHA's core mission is to make health policies more transparent and accountable. For example, the Commission is pushing for:

- Full disclosure of vaccine ingredients and risks.
- Independent research on pharmaceuticals and mental health treatments.
- Stronger protections for parental consent in schools.
- Clear opt-out options for vaccines and mental health programs.

**You Don't Have to Agree with Everything.** You can support MAHA's push for health freedom, informed consent, and parental rights, even if you don't agree with every statement. The initiative is about giving families more control and information, not forcing one person's beliefs on everyone.

**Argument:** If kids aren't being vaccinated, common diseases like measles and polio are going to return and our communities will lose herd immunity.

**Response:** It's important to know that many diseases children are vaccinated against—like cholera, rubella, and diphtheria—have already been eliminated in the United States, and smallpox has been completely eradicated worldwide. According to the CDC, the vast majority of American families—over 90%—still choose to vaccinate their children, and the number of families who delay or decline vaccines has stayed small and steady for years (CDC, 2025; SchoolVaxView).<sup>48</sup>

Protecting the rights of parents to make health decisions for their own families does not put the public at risk.<sup>49</sup> In fact, respecting parental choice is a core American value, and our high vaccination rates continue to keep communities safe. And remember, for the parents who believe that the vaccine holds more risk than benefit, giving their child a vaccine would be like setting their child on fire in order to save others. Would you do that as a parent?

So, when you hear concerns about herd immunity, remember: America's vaccination rates are strong, and protecting parental rights does not threaten community health.

# Sample Conversations

**Argument:** Food prices remain ridiculously high. Won't additional regulations on food ingredients and production just put fresh food even more out of reach for working-class families?

**Response:** That's a really important concern, and it's one we hear from parents all the time. Here's what you need to know:

**First**, unhealthy food isn't just a wallet issue—it's a health issue. When our kids eat foods with dangerous chemicals, additives, or ultra-processed ingredients, it can lead to chronic diseases like obesity, diabetes, and even mental health struggles. The MAHA Commission found that rates of childhood obesity have jumped 270% since the 1970s, and chronic illnesses are on the rise because of poor diet and chemical exposure.

**Second**, cleaning up our food supply can actually save families money in the long run. When we reduce harmful additives and improve food quality, our kids are healthier, which means fewer doctor visits, less missed school and work, and lower medical bills. The MAHA Commission's strategy is to work with agencies like the FDA and USDA to limit or ban petroleum-based dyes and chemical additives in school food, and to push for better nutrition research and ingredient assessments.

**Third**, yes—sometimes new regulations can mean short-term price bumps. But over time, markets adjust. When industry standards change, producers innovate, and healthier options become more available and affordable. The MAHA Commission's goal is to make sure all kids—not just those from wealthy families—have access to safe, nutritious food at school (MAHA Smart Book v2 FOR REVIEW.docx, p. 15).

**Here's the bottom line:**

Paying a little more for real, healthy food now can mean big savings later—on medical bills, lost work, and the emotional toll of chronic illness. And as parents, we can advocate for local solutions too, like packing healthy lunches when possible, talking to our kids about food choices, and pushing our schools to prioritize nutrition and ingredient transparency.

**What you can say to other parents:**

*"Making food safer and healthier for our kids isn't just about rules—it's about protecting their health and saving money in the long run. The MAHA Commission is working to get rid of harmful chemicals in school food, and while prices might go up for a bit, it's worth it for our kids' future."*

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