

FACT SHEET: POLICY ISSUE

Regulating Ultraprocessed Foods



Overview

Ultraprocessed foods (UPFs) are industrially processed products made with additives or ingredients not commonly used in home cooking. UPFs are a growing concern due to their widespread consumption and impact on potential population health risks.¹ The American Heart Association recommends minimizing UPFs as part of a heart-healthy eating pattern.² The Association's recent Science Advisory reinforces the well-established health risks associated with excessive consumption of nutritionally poor UPFs, particularly those high in saturated fat, added sugars, and sodium (HFSS).¹

What Are UPFs?

The Nova food classification system is the most widely used method to classify UPFs.³ Various other food classification systems have been developed to categorize foods based on processing level, and in some cases, nutritional profile. There is substantial overlap between foods categorized as UPFs and those recommended to limit for cardiometabolic risk reduction, including sugary drinks, processed meats, refined grains, candies, baked goods, and chips.¹ These foods have long been discouraged by U.S. dietary guidelines and the Association's own recommendations.^{2,4}

The Association recognizes that a small category of UPFs may fit within a heart-healthy diet, but evidence underscores that the vast majority of UPFs should be limited.¹

Health Impact of Consuming Excess UPFs

UPFs are widely available – it is estimated that more than 70% of grocery store items contain at least one ultraprocessed ingredient, and more than half the calories in the average U.S. diet come from foods that are ultraprocessed.^{1,5} While processing foods can improve shelf life, convenience, affordability, and the taste of certain products, most of the foods characterized as having industrial additives are also high in unhealthy fats, added sugars, and salt. While the additives are part of the issue, the main problem is that children and adults in the U.S. eat excessive amounts of nutritionally poor UPFs.

Studies consistently show that a high UPF intake is associated with increased risk of cardiometabolic diseases, including heart attack, stroke, type 2 diabetes, obesity, and all-cause mortality.^{1,6}

UPFs may harm health directly (by contributing excess calories and nutrients of public health concern or exposure to toxins via additives, food packaging, or byproducts of processing) or indirectly (by displacing healthier foods).¹

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Current Policy Landscape

At the state level, many states have started to address UPFs through legislation. Legislation in states includes restricting or banning UPFs in schools, retail settings, restaurants, and the Supplemental Nutrition Assistance Program (SNAP). Some states also require warning labels on products with certain ingredients. Several states have introduced legislation defining UPFs by food dyes or additives, but some have incorporated additional nutrition criteria. In 2025, California became the first state to define UPFs in statute, requiring that certain UPFs be phased out of schools by 2035.

At the federal level, the U.S. Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA) released a Request for Information in July 2025 to help the agencies establish a uniform definition of UPFs. The 2025-2030 Dietary Guidelines for Americans recommends limiting “highly processed” foods.⁷ Several bills have been introduced in Congress to limit certain UPF products in various federal nutrition assistance and feeding programs.

American Heart Association Policy Guidance

The American Heart Association supports public policy that reduces or removes nutritionally poor UPFs across different settings in legislation and regulation.

- Supplemental Nutrition Assistance Program
- School foods and early care and education
- Continued policy efforts to reduce sugary drink consumption
- Supporting the FDA in establishing a mandatory front-of-pack labeling system to help consumers identify HFSS products
- Regulating food and beverage marketing to children

If a proposed policy addresses broader UPFs, the Association advocates that HFSS products must be prioritized and addressed first. Any UPF regulation or legislation should be sequenced and phased in, with funding and resources to support effective implementation and evaluation, while mitigating any potential unintended consequences that could worsen food and/or nutrition insecurity.

For more information and resources from the American Heart Association’s policy research department, please visit www.heart.org/policyresearch

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References

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