

A Call to Congress – Advancing the MAHA Legislative Agenda

Analysis by [Dr. Joseph Mercola](#)

November 25, 2025

STORY AT-A-GLANCE

- › President Trump’s Executive Order 14212 established the Make America Healthy Again (MAHA) Commission under the U.S. Department of Health and Human Services Secretary Robert F. Kennedy Jr. to address the nation’s escalating childhood chronic disease crisis
- › The MAHA Commission identified four key drivers of illness – poor diet, chemical exposure, chronic stress, and overmedicalization. It also introduced a coordinated national strategy built on research, systems reform, public awareness, and accountability
- › In a recent report by Dr. Robert Malone, one of RFK Jr.’s appointed vaccine advisers, he explains that Congress must turn MAHA’s executive directives into law to ensure the reforms become lasting national policy
- › Malone categorized the MAHA legislative agenda into five areas of reform – addressing food standards, medical accountability, agricultural freedom, agency coordination, and government transparency
- › To show your support, call or write your representatives directly, because real reform starts when your voice reaches the people writing the laws that shape your family’s future

On February 13, 2025, President Trump signed Executive Order 14212, establishing the Make America Healthy Again (MAHA) Commission under the U.S. Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. This marked the beginning

of a national effort to confront the silent epidemic of chronic disease that has reshaped the health of a generation.¹

In a recent blog post,² Dr. Robert Malone, internationally recognized for his pioneering work in mRNA technology and now one of Kennedy's appointed vaccine advisers, outlines how the MAHA initiative must now move from policy to practice, requiring the Congress to turn executive directives into law and on citizens to ensure those reforms take turn into reality.

The MAHA Commission's Mandate

The MAHA Commission began its work by diagnosing why so many American children are now living with chronic illnesses that once were rare. Its first publication, the Make Our Children Healthy Again Assessment, identified four root causes driving this decline:³

- **Poor diet** — Nearly 70% of what children eat now comes from ultraprocessed foods, leaving them overfed yet undernourished. Additives, seed oils, and refined starches dominate the modern diet, while real foods rich in nutrients have been pushed aside. This shift is tied directly to the surge in obesity, metabolic disorders, and early-onset diabetes now visible in school-age populations.
- **Chemical exposure** — Thousands of synthetic compounds circulate in consumer goods, many never properly tested for developmental toxicity. Even when each chemical falls below a regulatory threshold, the cumulative burden adds up. For children, whose organs and immune systems are still forming, that burden can have lifelong effects.
- **Chronic stress and inactivity** — Children today move less, sleep less, and experience higher levels of stress while spending much of their time in front of screens. This pattern disrupts normal development, weakens resilience, and fuels the growing wave of chronic illness and mental health struggles now seen across younger generations.

- **Overmedicalization** – The report showed how dependence on pharmaceutical solutions has become the default response to conditions that once were rare in children. This was linked to conflicts of interest in research and regulation, as well as a culture of symptom management rather than prevention. This pattern reinforces dependency on treatments that do not resolve the underlying causes of disease.
- **The Make Our Children Healthy Again Strategy** – To reverse the growing crisis of childhood chronic disease, the MAHA Commission developed a comprehensive national plan built on four structural pillars that redefine how the nation approaches prevention and health policy:⁴
 - **Research** targets how diet, toxins, and early-life environments interact to shape disease risk.
 - **Systems reform** addresses the policies and incentives that allow harmful products to persist while prevention remains underfunded.
 - **Public awareness** gives families the knowledge to demand transparency and make informed choices.
 - **Private sector collaboration** engages industry to innovate in support of public health rather than against it.

Together, the MAHA Assessment and Strategy created a roadmap for rebuilding the foundation of national health from the ground up. For a deeper look at how the Commission structured this framework, read [“The MAHA Commission’s Blueprint to End Childhood Chronic Disease.”](#)

Translating Policy Into Legislative Action

In his article, Malone addressed a recurring question of why President Donald Trump, Kennedy, or the MAHA Commission haven’t yet “done something” about specific health issues. He explained that this frustration stems from a basic misunderstanding of how

authority is divided in the U.S. government.⁵

- **The executive branch leads but cannot legislate** – The executive branch sets priorities and directs agencies, but only Congress can pass laws and allocate funding – meaning no policy, however visionary, becomes lasting reform without legislative action. The Constitution’s checks and balances ensure that reform requires cooperation among branches rather than unilateral rule. According to Malone:

“Trump is a Constitutional President, not a Monarch. There are limits to what can be achieved even within such a muscular Executive, but if the MAHA agenda is to fulfill its potential, particularly past the upcoming midterms, Congress will have to act on a number of key items.”⁶

- **Uncertainty surrounded the legislative roadmap** – To understand where the process stood, Malone reached out to several individuals within or close to the administration, asking for clarity on MAHA’s legislative priorities. Most admitted they didn’t have a definitive answer.

He later received a summary of the MAHA legislative agenda from a reliable source, describing it as a first draft of action items and strategic objectives to be completed before the midterm elections.

- **Political momentum determines legislative success** – Malone stressed that the executive branch can only go so far without electoral support. As he put it:

“If MAHA and MAGA are not able to retain or (ideally) strengthen their positions in House and Senate, then it is going to be very difficult for Secretary Kennedy, President Trump, and the all-of-government MAHA Commission to maintain current momentum. We need our friends and supporters in both the House and Senate to step up and play ball.”⁷

- **The midterms serve as the turning point** – Malone framed the upcoming elections as a mandate opportunity to convert MAHA’s popular appeal into legislative power. He noted that health care has long shaped America’s political landscape and that MAHA’s bipartisan resonance, particularly among suburban women, offered Republicans a generational chance to reclaim leadership on health policy.
- **Broad public backing for MAHA principles** – Polling data cited in the article show near-universal support for the core goals of the MAHA agenda. As Malone noted, research from the Center for Excellence in Polling found overwhelming agreement across party lines:⁸
 - 95% want fresh fruits and vegetables included with every school lunch
 - 96% support warning labels on foods with high chemical content
 - 93% believe bureaucrats should disclose financial ties with drug and food companies
 - 88% want clinical proof of COVID booster efficacy before U.S. Food and Drug Administration (FDA) approval
 - 69% favor banning junk food such as soda and candy from food stamp programs

The MAHA agenda is not just about restoring the nation’s health – it’s about restoring trust in how the nation governs health. To achieve that, Congress must act decisively and align its legislative work with the principles already set in motion.

What Comes Next – The Role of the Congress in MAHA’s Next Phase

Malone’s report outlines how congressional action is needed to secure and extend the progress already made under the MAHA initiative. He outlined the strategy’s core policy reforms under five main categories, each ready to be codified or reinforced through legislation.⁹

1. Food, nutrition, and consumer protection reforms – This category targets the food system as the foundation of public health. The focus is on restoring scientific integrity in nutrition policy, modernizing food safety oversight, and ensuring transparency for consumers.

Proposals include overhauling the Dietary Guidelines for Americans (DGA), closing the Generally Recognized as Safe (GRAS) loophole that allows untested chemicals into food, regulating petroleum-based dyes, and improving front-of-pack labeling so families can make informed choices.

It also promotes access to whole, unprocessed foods through Supplemental Nutrition Assistance Program (SNAP) reform, alignment of all U.S. Department of Agriculture (USDA) nutrition programs, and expanded breastfeeding support and infant formula safety standards.

The goal is to ensure that the food supply promotes health rather than chronic disease, with Congress providing the authority to codify reforms within the FDA and USDA processes.

2. Public health, medical, and regulatory system reforms – This set of reforms addresses credibility and accountability within the U.S. medical and research establishment. It strengthens oversight of direct-to-consumer drug advertising, restricts junk-food marketing to children, and mandates disclosure of financial conflicts of interest across federal agencies like the National Institutes of Health (NIH), FDA, and USDA.

The section also calls for reforms to medical education, restoring nutrition and lifestyle medicine to training programs, as well as improvements in vaccine safety tracking, water quality (fluoride and PFAS), and price transparency for hospitals and insurers.

It also proposes new Medicaid quality metrics tied to prevention outcomes rather than service volume and promotes direct primary care models that empower families and physicians outside the insurance system. Together, these reforms are

designed to restore integrity, transparency, and prevention as the core values of American medicine.

- 3. Agricultural, environmental, and process deregulation** – This category seeks to remove unnecessary bureaucratic barriers that hurt small farmers, food producers, and innovators while maintaining safety and environmental standards. It proposes simplifying organic certification, improving access to farm credit, and easing restrictions on farm-to-school programs and local food sales.

The section also includes easing outdated food manufacturing regulations, allowing whole milk in schools, and streamlining FDA and U.S. Environmental Protection Agency (EPA) approvals for agricultural and regenerative products. It supports the modernization of drug and device testing by reducing redundant animal studies and encouraging innovation in regenerative medicine.

The aim is to free small producers and innovators from red tape while enforcing accountability where it matters, aligning economic freedom with public health protection.

- 4. Agency restructuring and governance reforms** – Here, Malone highlights the creation of the Administration for a Healthy America (AHA) within HHS, an initiative led by Kennedy to unify prevention and wellness efforts under one coordinated agency. This restructuring consolidates fragmented programs, strengthens accountability, and directs funding toward measurable outcomes.

Other proposals include reforms to the Forum on Child and Family Statistics, modernization of the Environmental Protection Agency's (EPA) Office of Applied Sciences, and creation of a National Institutes of Health (NIH) Office of Research Innovation and Validation to improve research reproducibility and coordination across agencies.

These governance changes aim to eliminate redundancy, align scientific efforts with national health goals, and ensure that government institutions work toward prevention rather than disease management.

5. Oversight and systemic transparency reforms – The final category focuses on restoring public trust through open data, disclosure, and cross-agency accountability. It calls for user-fee transparency at the FDA, EPA, and USDA, ensuring that regulatory decisions funded by industry are fully public. It also mandates disclosure of research funding sources, recusal rules for federal advisory members, and the creation of a public financial interest database.

Further provisions expand open access to government datasets and strengthen interagency coordination on children’s environmental health under the President’s Task Force. These measures are designed to keep the entire MAHA framework accountable, evidence-based, and insulated from private or political influence.

Together, these five areas show how MAHA's vision can become permanent law. They turn executive directives into legislation that future administrations can't simply undo, shifting the country away from managing sickness and toward preventing it in the first place – with systems built on transparency and designed to serve families, not industries.

Make Your Voice Count for a Healthier Nation

Every major shift in American history has depended on citizens who refused to stay silent once they understood what was at stake. The Make America Healthy Again initiative is no different. Its future now rests not only in the hands of Congress or the administration but in yours.

I urge you to move beyond online discussion and take direct action. That means calling and writing your congressional representatives and senators – not just tagging them in posts, but leaving messages, sending letters, and making your voice part of the public record. Lawmakers respond to persistence, and the only way the MAHA agenda becomes law is if they know it matters to the people they serve.

You can start today. Look up your senators and representatives, send them a brief message explaining why restoring the nation’s health must be a legislative priority, and share the MAHA report with anyone who believes America’s recovery begins with its

children. The movement to Make America Healthy Again was never meant to stay in Washington – it was meant to live in the choices, voices, and convictions of those who care enough to act. Find your lawmakers:

- [Contact information for U.S. Senators](#)
- [Website and contact information for U.S. Representatives](#)

Frequently Asked Questions About the MAHA Strategy

Q: What exactly is the MAHA Commission, and who leads it?

A: The Make America Healthy Again (MAHA) Commission was created by Executive Order 14212, signed by President Trump in February 2025. It operates under the U.S. Department of Health and Human Services and is led by Secretary Robert F. Kennedy Jr. The Commission's mission is to confront the rise of chronic disease, especially in children, by overhauling national food, health, and environmental policy.

Q: What problems is MAHA trying to solve?

A: We're living in a time when chronic diseases that were once rare in children, like obesity, diabetes, and autoimmune disorders, have become common. The MAHA Commission identified four root causes driving this trend – poor diet, chemical exposure, chronic stress and inactivity, and overmedicalization. The goal is to rebuild systems that support prevention instead of waiting until illness develops.

Q: Why does Congress need to be involved?

A: Executive orders can set direction, but lasting reform requires more than administrative action. The Constitution gives Congress the authority to pass laws and allocate funding, which is what turns executive priorities into permanent policy.

For the MAHA agenda to move forward, Congress must codify its reforms, updating food safety standards, strengthening public health transparency, reforming medical education, and ensuring accountability across federal agencies. Legislative partnership is what gives MAHA its staying power.

Q: What are the main reform areas under MAHA?

A: Dr. Robert Malone described five main categories in the MAHA legislative agenda – food, nutrition, and consumer protection; public health, medical, and regulatory systems; agricultural, environmental, and process deregulation; agency restructuring and governance; and oversight and systemic transparency. These outline how the MAHA strategy translates into concrete policy reforms ready for congressional action.

Q: What can I do to support MAHA right now?

A: You don't have to wait for Congress to act. You can call or write your senators and representatives today and tell them that restoring America's health must be a priority. Letters, phone calls, and direct messages to their offices carry more weight than social media posts. When lawmakers know you care, they listen – and that's how change begins.

Sources and References

- ^{1, 4} [The White House, Make Our Children Health Again Strategy Report](#)
- ^{2, 5, 6, 7, 9} [Malone News, October 22, 2025](#)
- ³ [The White House, The MAHA Report](#)
- ⁸ [Excellence in Polling, May 16, 2025 \(Archived\)](#)