



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Tammy M. Brady, MD, PhD, MHS
Medical Director, Pediatric Hypertension Program
Pediatric Nephrology, Children's National Hospital
Director, Hypertension and Kidney Health Research,
The Center for Health Outcomes Research and Delivery Science,
Children's National Research Institute
Professor of Pediatrics (PAR), George Washington University**

**HB 1556: Business Regulation – Sugary Beverage Advertisements – Warning Labels
Position: FAVORABLE
March 10, 2026
House Health Committee**

Chair Bagnall, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide written testimony in support of House Bill 1556. My name is Tammy Brady, and I am a pediatric nephrologist at Children's National Hospital where I serve as the Director of Hypertension and Kidney Health Research and as the Medical Director of the Pediatric Hypertension Program. As the region's only standalone children's hospital, Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care at every milestone. Sixty percent of our patients are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

I came to Children's National from Johns Hopkins Children Center, where I had over a decade of experience caring for children with obesity-related hypertension. In my clinical practice, I routinely care for children as young as eight or nine years old who already have elevated blood pressure, abnormal cholesterol levels, insulin resistance, and early signs of kidney injury. Many of these children consume a significant portion of their daily calories from sugar-sweetened beverages. These beverages provide no nutritional value, yet they account for nearly one quarter of added sugar intake among Americans age one year and older. When children consume sugar-sweetened beverages, these drinks often replace healthier, nutrient-dense foods and beverages, leading to inadequate intake of essential nutrients and less dietary variety. As a result, children who regularly consume sugar sweetened beverages may have diets that are high in calories but low in nutritional quality.

The health consequences are not theoretical — they are visible every day in our clinics. Each additional 8 to 12-ounce sugar sweetened beverage consumed per day is associated with measurable increases in body mass index, with a clear dose-response relationship between consumption and weight gain. I have treated teenagers with type 2 diabetes whose daily routine included multiple bottles of soda, sweet tea, flavored coffee, or energy drinks. I have seen middle school students with fatty liver disease and significant hypertension whose primary source of hydration was sugar-containing beverages. These children are not choosing these products in isolation; they are growing up in environments saturated with marketing that normalizes and promotes high-sugar beverages as part of everyday life.

Major professional organizations including the American Academy of Pediatrics recommend strict limitation or elimination of sugar-sweetened beverages in children's diets.¹ The American Heart Association recommends that children consume no more than 25 grams (approximately 6 teaspoons) of added sugar per day and avoid added sugars entirely before age two.² Yet a single 20-ounce soda can exceed this recommended daily limit.

HB 1556 does not ban these beverages. It does not prevent businesses from advertising. It simply requires that advertisements placed on government-owned property include a clear warning that drinking beverages with added sugar can contribute to obesity, type 2 diabetes, and tooth decay, and are not recommended for children. This mirrors the well-established public health approach used successfully in tobacco control: ensure that consumers receive clear, visible information about risk.

Children are uniquely vulnerable to marketing. Government-owned spaces should not promote products that contribute directly to chronic disease without also providing accurate health information. Requiring a bold, highly visible warning label is a modest but meaningful intervention that supports informed decision-making. Labeling strategies are a well-established and effective approach for reducing sugar-sweetened beverage consumption among children. As an example, a randomized trial found that warning labels with teaspoons of added sugar disclosure and removal of misleading fruit imagery and health claims were effective at reducing parents' selection of high-sugar beverages for children.³

As a pediatric physician, I am deeply concerned about the trajectory of cardiometabolic disease in our youth. We are diagnosing hypertension and type 2 diabetes at younger and younger ages. Early exposure to excess added sugars accelerates a lifelong pathway toward cardiovascular and kidney disease. These are not isolated outcomes; they represent decades of preventable morbidity, healthcare costs, and diminished quality of life.

If we hope to reverse these trends, we must address the environmental drivers of excessive sugar consumption. Providing clear warning labels on advertisements in public spaces

is a practical, evidence-informed step that aligns with what we know about prevention and health promotion.

I applaud Delegate Ross for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on House Bill 1556. Thank you for the opportunity to submit testimony.

Citations:

1. Muth ND, Bolling C, Hannon T, Sharifi M, Section On O, Committee On N. The Role of the Pediatrician in the Promotion of Healthy, Active Living. *Pediatrics*. Mar 1 2024;153(3)doi:10.1542/peds.2023-065480
2. Vos MB, Kaar JL, Welsh JA, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association. *Circulation*. May 9 2017;135(19):e1017–e1034. doi:10.1161/CIR.0000000000000439
3. Musicus AA, Roberto CA, Moran AJ, Sorscher S, Greenthal E, Rimm EB. Effect of Front-of-Package Information, Fruit Imagery, and High-Added Sugar Warning Labels on Parent Beverage Choices for Children: A Randomized Clinical Trial. *JAMA Netw Open*. Oct 3 2022;5(10):e2236384. doi:10.1001/jamanetworkopen.2022.36384

For more information, please contact:

Austin Morris, Government Affairs Manager
almorris@childrensnational.org