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SUBMISSION

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AMA submission to the FSANZ consultation on Proposal 1066 — Reviewing Young Child Formula

Submitted via survey: https://consultations.foodstandards.gov.au/fsanz/p1066-review-of-young-child-formula/

Please provide your overall view on FSANZ's assessment for Proposal P1066 and the proposed approaches.

(Required)

Support

Do not support

Both support/do not support

Other

Please explain your response below.

The AMA is not supportive of all of the elements of FSANZ's assessment and proposed approaches for Proposal P1066 — Reviewing Young Child Formula. We are very supportive of the work being done to create stronger regulation of young child formula, including measures to improve composition, labelling, safety information, product differentiation, and restrictions on nutrition content and health claims. These reforms are important because milks for young children are often marketed in ways that imply they are necessary or beneficial for children aged one to four years, despite being unnecessary for most children. These products can displace healthier whole foods and may conflict with advice from health professionals.

However, the proposed P1066 approach must go further to prevent misleading marketing, consumer confusion and inappropriate normalisation of young child formula. Consistent with the AMA's previous policy position on toddler milks, the AMA recommends stronger restrictions on product names, age statements, implied and ingredient-based claims, idealising imagery, proxy advertising, and supermarket sale.

Overall, the AMA supports the direction of the proposal but recommends more comprehensive regulation to protect children's health, support appropriate toddler feeding, and ensure these products are clearly understood as special purpose products rather than ordinary foods.

If there is any other information you would like to provide for the Proposal P1066 consultation, please include this in the box below.

Please see the AMA's attached submission for detailed responses to the questions posed in the P1066 Call of Submissions document.

Supplementary data or information

Your submission must be provided by responding to the options and completing the boxes above. Supplementary information, tables or data to support your submission can be provided below. Any file you upload here will be published as part of your submission.

THE FULL SUBMISSION WILL BE ATTACHED AS A FILE HERE IN THE FSANZ WEBSITE SURVEY

1. CFS Report- Do you agree that the proposed definition does not unintentionally capture products that are not young child formula?

The AMA considers that, while the proposed definition may not unintentionally capture products that are clearly outside the scope of young child formula, it remains too narrow to fully achieve the public health intent of the proposal. In its current form, the definition:

- does not capture all young child formulas that are currently on the market
- is not sufficient to address products that are positioned as young child formula alternatives.

To address these issues, the AMA recommends the proposed definition be amended to better protect consumers, support appropriate feeding of young children, and prevent products being positioned in ways that imply nutritional necessity or equivalence with ordinary foods.

- The current reference to 'milk drinks' should be re-worded to ensure the regulations capture any plant-based young child formulas (e.g., oat based).
- Associated provisions should make it explicit that no other drinks, or drink powders, are permitted to be marketed for young children.

With regard to an amended definition, the AMA recommends that the term 'milk drink' be removed from the prescribed name. This term frames the product as an everyday beverage, comparable to cow's milk, and blurs the distinction between a special purpose product and a general dietary staple. This is inconsistent with the policy intent and risks reinforcing misleading consumer perceptions that these products are a routine or beneficial part of a healthy young child's diet.

The AMA recommends an alternative prescribed name that signals limited and specific use, avoids implying benefit or necessity, and clearly distinguishes the product from both infant formula and regular milk: **"Special purpose nutrition product for young children"**. This wording would better reflect the product's intended role and help caregivers make informed decisions in consultation with appropriately qualified health professionals.

The AMA strongly supports the requirement that an age statement be included on the front of the pack, co-located with the prescribed name, indicating that the product is suitable only for children aged one to three years. Clear, prominent and standardised age information is necessary to reduce consumer confusion and ensure the product is not mistaken for infant formula, follow-on formula, regular milk, or a general nutrition product.

However, the AMA does not support allowing other voluntary age-range statements to be included on the label. Allowing additional voluntary age statements, even where they refer to children aged one to three years, gives industry scope to reframe, emphasise, or market age in ways that undermine the intent of the reform. The AMA recommends that only the prescribed age statement be permitted, with no additional voluntary age-related descriptors, to maintain clarity, consistency and consumer protection.

1.1 FSANZ recognises that the maximum level for iodine for FSFYC in the Code was established through Application A528 and considered its application to young child formula. Do you support FSANZ's proposed approach to adopt the Codex GUL as a maximum regulatory limit for iodine in young child formula?

Yes.

The AMA acknowledges the proposed limits largely align with international recommendations.

Note, we strongly support FSANZ proposal to:

- prescribe a maximum level of 3.0g/100 kJ for carbohydrates
- restrict the addition of fructose and/or sucrose in young child formula.

These are necessary to deal with excess energy and total sugar content in young child formula.

2. Supporting Document 2: Labelling for young child formula

2.1 Are there other overseas labelling regulations relevant to young child formula that FSANZ should be aware of when considering this proposal?

None

2.2 Do you support FSANZ's proposed approach that general Code requirements, including requirements for warning and advisory statements, allergen declarations, date marking, characterising ingredients and components of foods and foods requiring pre-market approval, should apply to young child formula?

Please provide justification and any supporting evidence to support your response.

The AMA does not support the proposed approach for characterising ingredients and components of foods (Standard 1.2.10). Applying Standard 1.2.10 would risk legitimising ingredient-based marketing practices that are inappropriate for products consumed by a vulnerable population.

We support the proposed approach that the following general Code requirements apply to young child formula:

- warning and advisory statements (Standard 1.2.3)
- allergen declarations (Standard 1.2.3)
- date marking (Standard 1.2.5)
- foods requiring pre-market approval — novel foods (Standard 1.5.1). We note specific permissions and prohibitions in Schedule 25 for infant formula products and FSFYC should also apply to young child formula
- foods requiring pre-market approval — GM foods (Standard 1.5.2).

2.3 Do you support FSANZ's proposed approach to safety-related labelling for young child formula in relation to:

- **Prescribed name**
- **Required statements**
- **Directions for use and storage.**

Please organise your response by issue and provide justification and any supporting evidence

RESTRICTIONS ON SALE OF YOUNG CHILD FORMULA

The AMA strongly recommends that the sale of young child formula be subject to clear restrictions, including that these products should not be sold in supermarkets or other general retail settings. This reflects the AMA's broader concern that young child formula is often normalised and promoted as an ordinary grocery item, rather than understood as a special-purpose product with limited and specific use.

Given the proposed labelling requirement that caregivers should consult an appropriately qualified health professional before using these products, the AMA considers it appropriate that young child formula only be available through settings that support health-informed decision making, such as pharmacies, other healthcare settings, or a majority seller of young child formula.

Restricting sale would support appropriate use, reduce inappropriate commercial promotion, and lessen the risk that caregivers interpret these products as a routine or necessary part of a toddler's diet. This approach is consistent with the treatment of other special-purpose products, where distribution controls help reinforce the need for appropriate advice. It is also critical that conversations about young child formula and broader child nutrition concerns occur with appropriately qualified health professionals, and that health professionals are

kept informed as the P1066 work continues so they can provide clear, evidence-based advice to families.

PRESCRIBED NAME
As outlined in our response to Q1, the AMA recommends that the prescribed name be: **"Special purpose nutrition product for young children"**.

The AMA strongly supports requiring the prescribed name to appear on the front-of-pack label as the primary identifier of the product's true nature. However, to ensure this reform achieves its intended consumer protection and public health objectives, the AMA urges FSANZ to require that only the prescribed name be permitted, and that the use of additional or alternative names, such as "toddler milk", "junior milk", or "young child formula", be explicitly prohibited.

If alternative names are permitted, there is a substantial risk that industry will continue to use familiar, marketable terminology in ways that undermine the prescribed name and perpetuate consumer misunderstanding. In particular:

- the prescribed name may be minimised or de-emphasised in the visual hierarchy, for example through smaller font, less prominent placement, or reduced contrast on pack
- marketing-friendly terms may be made more prominent and salient to consumers, particularly where they imply developmental progression, nutritional benefit, or ordinary dietary use.

In such circumstances, consumers are likely to continue relying on familiar terms such as "toddler milk", thereby negating the purpose of introducing a more accurate, neutral prescribed name and weakening the intended distinction between these products and ordinary foods.

REQUIRED STATEMENTS
The AMA supports the proposed provisions for required statements, noting that clear, prominent and standardised statements are essential to support informed caregiver decision making and to reduce the risk of inappropriate use.

In respect to the first of the required statements: "*A description that the food is to be used as a supplement to the diet of a 1 to 3 year old child, to address situations where intakes of energy and nutrients may not be adequate to meet the child's requirements, and that caregivers should consult an appropriately qualified health professional before using this product.*"
The AMA recommends the wording of this statement be strengthened by ensuring it is:

- prescribed in full, to ensure clarity and consistency and minimise the potential for the statement to be adapted, softened, or presented in ways that disproportionately reflect industry marketing preferences
- preceded by the words "*Important notice — warning statement*", so caregivers understand the statement is safety-related and not merely general product information.

The AMA also recommends three additional required statements to reinforce that young child formula is not necessary for most children and should not displace breastfeeding, cow's milk where appropriate, or a balanced diet of whole foods:

- This product is not suitable as a sole source of nutrition.
- This product is not a suitable substitute for cow's milk or breastmilk.
- Breastfeeding is recommended up to two years and beyond (as required by CCXS 156-1987).

DIRECTIONS FOR STORAGE AND USE
The AMA supports the proposed provisions for directions for storage and use and notes that they largely reflect similar provisions for infant formula and follow-up formula in Standard 2.9.1-21(5) of the Food Standards Code. Clear and consistent directions are necessary to support safe preparation and use, particularly given these products may be used by caregivers who assume powdered formula products are low risk or comparable to ordinary milk products.

2.4 Do you support FSANZ's proposed approach to the labelling for provision of information for young child formula in relation to:

- **Nutrition information requirements**

- **Statement of ingredients**
- **Nutrition content and health claims**
- **Stage labelling**
- **Product differentiation**
- **Proxy advertising**
- **Other representations.**

Please organise your response by issue and provide justification and any supporting evidence

NUTRITION INFORMATION REQUIREMENTS

The AMA supports FSANZ's proposed approach for nutrition information requirements. Clear, standardised and accessible nutrition information is important to support informed caregiver decision making and to ensure these products are not presented in ways that overstate their nutritional role.

STATEMENT OF INGREDIENTS

The AMA does not support FSANZ's proposal to permit the voluntary use of a separate format for declaring vitamins and minerals.

This additional format is unnecessary, given vitamins and minerals will already be separately declared and clearly, accurately and accessibly listed in the nutrition information panel under the new "Composition Information" sub-heading.

Allowing vitamins and minerals to be separated and grouped elsewhere on the label risks creating a "health halo" effect that may mislead caregivers about the overall nutritional quality and intended role of the product.

NUTRITION CONTENT AND HEALTH CLAIMS

The AMA strongly supports the proposed approach to prohibit nutrition content and health claims on young child formula, including endorsements that constitute nutrition content or health claims made with the permission of an endorsing body.

However, the AMA notes a substantial proportion of claims used on young child formula fall outside the definitions of nutrition content and health claims and would therefore not be captured by the proposed prohibition. These include a wide range of implied, structural, developmental and marketing-driven statements, such as "formulated for tiny tummies", "backed by mums" and "sourced from pure, high-quality produce", which may influence caregiver perceptions and purchasing decisions despite not being health or nutrition content claims as defined in the Code.

To ensure the policy intent is fully realised, the AMA recommends these forms of claims also be explicitly prohibited. Limiting the restriction to regulated claim categories alone risks allowing the continued, and potentially increased, use of unregulated claims that undermine public health objectives and perpetuate inappropriate product positioning.

STAGE LABELLING

The AMA strongly supports the proposed approach to prohibit the use of stage numbers. Stage labelling risks implying a developmental progression or nutritional necessity that is not supported by the appropriate role of these products.

PRODUCT DIFFERENTIATION

The AMA strongly supports the proposed approach that young child formula be clearly differentiated from infant formula, follow-on formula and special medical purpose products for infants, and, subject to our comments at question 3.1 below, from supplementary foods for young children and other foods through the use of text, pictures and/or colour.

The AMA recommends that the regulations for product differentiation of young child formula replicate the wording used in Standard 2.9.1-15 of the Code for infant formula and follow-on formula, to promote consistency and reduce the risk of consumer confusion.

PROXY ADVERTISING

The AMA strongly supports the proposed approach to prohibit proxy advertising of all other food products by means of a name, number, picture, image, word or words on the label of young child formula.

OTHER REPRESENTATIONS

The AMA strongly supports the proposed approach to prohibit the "other representations" outlined in the consultation papers.

The AMA strongly recommends that imagery which idealises young child formula also be explicitly prohibited, including:

- images of nature that imply young child formula is natural, such as animals, plants or heart shapes, despite being a highly processed product
- images with a scientific theme that imply young child formula is scientifically superior, such as shields, brains, molecules, DNA strands or bacterial strains.

Such imagery may create unwarranted health halos and mislead caregivers about the nature, nutritional value and intended role of these products.

3. Supporting Document 3: Safety and food technology assessment

3.1 Do you support FSANZ preferred option (option 3) which proposes establishing a new food class in in the table to section S15—5 for young child formula, which would list food additive permissions for young child formula separate to provisions for formulated meal replacements and formulated supplementary foods. Please provide justification and any supporting evidence.

The AMA supports the list of food additive permissions and prohibitions set out in the consultation documents, noting that clear and appropriately targeted permissions are important to ensure young child formula is regulated consistently with its limited and specific role.

However, the AMA does not support implementing this approach through option 3.

Rather than creating a new division for young child formula, the AMA recommends that Standard 2.9.3 Division 4 be retained and strengthened. The category should be explicitly narrowed so that it applies only to clearly defined young child formula products, while prohibiting other formulated supplementary foods and drinks for young children. This approach would avoid regulatory fragmentation, reduce opportunities for circumvention, and better support the public health objective of preventing misleading representations, inappropriate product positioning and unnecessary product proliferation.

3.2 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on whether young child formula currently on the Australia and New Zealand market would be disadvantaged from a food technology perspective by alignment with CXS 156-1987 food additive permissions (refer to Table 4 below).

No response.

3.3 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on whether the 7 food additives assessed for young child formula (Ascorbyl palmitate (INS 304), Ascorbyl stearate (INS 305), Potassium hydroxide (INS 525), Sodium hydroxide (INS 524), d-alphaTocopherol (INS 307a), Tocopherol concentrate mixed (INS 307b) and dl-alphaTocopherol (INS 307c)) require permissions in the new proposed food class.

No response.

4. Supporting Document 4: Microbiology assessment

4.1 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on the need for microbiological criteria in Schedule 27 for young child formula, specifically:

(a) criteria for Salmonella; and

(b) criteria for Cronobacter.

We support the recommended approach to replicate infant-formula-equivalent microbiological criteria and preparation practices for young child formula.

4.2 FSANZ seeks comment on the need to extend the Compendium of Microbiological Criteria for Food to include young child formula

No response.

4.3 FSANZ seeks comment on aligning or retaining the Standard Plate Count for all powdered formula in the Compendium of Microbiological Criteria for Food.

No response.

5. Supporting Document 5: Preliminary consideration of costs and benefits

5.1 Have all the major impacts to industry, consumers and government from the proposed options been identified in Table 2 of SD5?

No additional major impacts to add. We support and agree with FSANZ's preliminary conclusion that the costs of the proposed regulatory approach are likely to be outweighed by the benefits.

5.2 Do you have information which may assist FSANZ in quantifying the costs and benefits currently identified as unquantified in Table 3 of SD5?

Please provide data and evidence to support the inclusion of such information.

No data to provide for quantification of costs

5.3 Do you agree with the assumptions proposed to be used to estimate the cost of reformulation in SD5?

Please provide data and evidence to support the inclusion of alternative assumptions

The AMA agrees with the assumption that reformulation costs will be a one-off cost for industry.

We note the intention to use the same estimated cost to reformulate each SKU as was used for P1028 ($200,000/SKU). We have no data to show whether this is an accurate cost or not. However, the cost to industry should be considered in the scheme of the overall cost and profit to industry from these products as a whole.

For the estimated 55 young child formulas sold on the Australian and New Zealand market this would be a total cost of $10.4 million. Domestic sales of young child formula in 2024 were $145.28 million (see Table 1 SD5). As such, reformulation costs would be less than 7 per cent (6.88 per cent) of total annual sales for one year.

Assuming industry has an implementation period aligned with P1028 (until 2029 to reformulate), this gives industry three years. The cost to reformulate can be spread over that timeframe: 2.29 per cent of total annual sales a year for three years.

5.4 Do you agree with the assumptions proposed to be used to estimate the cost of re-labelling in SD5?

Please provide data and evidence to support the inclusion of alternative assumptions.

The AMA agrees with the assumptions that: (1) the required label changes will be a one-off cost, and (2) all young child formulas are likely to require re-labelling.