

Congress of the United States

Washington, DC 20515

October 2, 2026

Secretary Robert F. Kennedy, Jr.
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, DC 20201

Dear Secretary Kennedy:

We are writing to you regarding the growing consumption of high-caffeine energy drinks among school-aged children.¹ This fast-growing consumption raises serious health questions for children and highlights the inadequacy of current federal guidance.

Today, energy drink consumption among students is at or near record highs. Nearly one in four high school seniors now drink energy drinks daily, up from about one in six just four years ago.² While the American Academy of Pediatrics recommends that adolescents ages 12 to 18 limit their caffeine consumption to under 100 milligrams per day, many popular energy drinks contain as much as 200 milligrams of caffeine per serving, leading to excessive caffeine consumption.³

Studies have determined that excess caffeine consumption increases the risk of anxiety, jitteriness, diuresis, insomnia, tachycardia, dehydration, and heart complications, such as irregular heartbeat and heart failure.⁴ A 2026 study found that nearly one in five youths who suffered sudden cardiac arrest or sudden cardiac death reportedly used energy drinks routinely.⁵ Emergency department visits by middle and high school students for adverse effects associated with caffeine have roughly doubled between 2017 and 2023.⁶ In Texas's Lampasas Independent School District, nurse visits rose by 1,000 last school year compared with the year before, driven largely by panic attacks and heart palpitations.⁷ School nurses there report students arriving with elevated blood pressure and shaking hands, in some cases after combining energy drinks with prescribed attention-deficit/hyperactivity disorder (ADHD) stimulant medications.⁸ In Illinois, Naperville Central High School replaced some uncaffeinated beverages in student vending machines with energy drinks. Students and staff there have since reported a noticeable increase in energy drink consumption, along with growing concerns

¹ Amira McKee, "Schools Have Had Enough of Energy Drinks and Overcaffeinated Kids," Wall Street Journal, September 15, 2026, <https://www.wsj.com/us-news/education/schools-have-had-enough-of-energy-drinks-and-overcaffeinated-kids-b13645e6>.

² "Reported Use of Most Drugs Remains Low Among US Teens," University of Michigan News, December 17, 2025, <https://news.umich.edu/reported-use-of-most-drugs-remains-low-among-us-teens/>; Amira McKee, "Schools Have Had Enough of Energy Drinks and Overcaffeinated Kids," Wall Street Journal, September 15, 2026, <https://www.wsj.com/us-news/education/schools-have-had-enough-of-energy-drinks-and-overcaffeinated-kids-b13645e6>.

³ Children's Healthcare of Atlanta, "Energy Drinks and Teen Hearts," <https://www.choa.org/parent-resources/heart/energy-drinks-and-teens-hearts>.

⁴ Sophie Turner et al., "Secondary School Students and Caffeine: Consumption Habits, Motivations, and Experiences," Nutrients, February 17, 2023, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9965339/>; Centers for Disease Control and Prevention, "The Buzz on Energy Drinks," <https://www.cdc.gov/school-nutrition/energy-drinks/index.html>.

⁵ Amira McKee, "Schools Have Had Enough of Energy Drinks and Overcaffeinated Kids," Wall Street Journal, September 15, 2026, <https://www.wsj.com/us-news/education/schools-have-had-enough-of-energy-drinks-and-overcaffeinated-kids-b13645e6>.

⁶ Katie Kindelan, "What Parents Should Know About Kids and Caffeine Amid Rise in ER Visits," ABC News, November 6, 2024, <https://abcnews.com/GMA/Wellness/parents-kids-caffeine-amid-rise-er-visits/story?id=115567472>.

⁷ Amira McKee, "Schools Have Had Enough of Energy Drinks and Overcaffeinated Kids," Wall Street Journal, September 15, 2026, <https://www.wsj.com/us-news/education/schools-have-had-enough-of-energy-drinks-and-overcaffeinated-kids-b13645e6>.

⁸ *Ibid*

about student health and stress.⁹ With consumption at or near record levels and the school year already underway, federal research and guidance must keep pace with the risks these products pose to children.

Despite these risks, much of the federal government's research and guidance on energy drinks is more than a decade old. The Centers for Disease Control and Prevention (CDC)'s guidance for schools on energy drinks, which was last reviewed in 2024, still relies on a 2013 Substance Abuse and Mental Health Services Administration (SAMHSA) report that examined emergency department visits through 2011.¹⁰ While caffeine-related emergency visits among middle and high school students doubled, federal guidance continues to rely on decades-old data that do not reflect today's levels of consumption.

Significant gaps in science also remain unaddressed. More than a decade ago, National Institutes of Health (NIH) experts identified critical research gaps on how energy drinks affect sleep, cognitive function, and mental health.¹¹ CDC has since acknowledged that guidelines for safe caffeine consumption are based on adults and have not been established through research involving children.¹² Federal data on youth consumption is similarly limited. In 2019, only three states included questions about energy drink use in their CDC Youth Risk Behavior Surveys.¹³ Without current energy-drink-specific research and data, federal agencies, schools, and families lack the information they need to protect students.

The lack of regulation from the Food and Drug Administration (FDA) to better protect our children is equally alarming. Currently, there are no regulations specific to energy drinks, and federal law does not require these products to disclose how much caffeine they contain. The federal regulation governing added caffeine in cola-type beverages caps it at roughly 71 milligrams per 12 ounces, a fraction of the caffeine in many energy drinks.¹⁴ FDA's guidance on energy drinks dates to 2014, is legally nonbinding, and sets no recommended caffeine limit for children or adolescents. In schools, federal nutrition standards bar caffeinated beverages in elementary and middle schools but allow them in high schools, where daily energy drink use is highest. USDA retained those standards in its 2016 final rule while stating that it would continue to monitor FDA's work on caffeine. More than a decade later, the federal caffeine standard for high schools remains unchanged.

Rising consumption, a rapidly expanding market, and outdated federal research and guidance specific to energy drinks raise serious questions about whether HHS has the information it needs to guide schools, parents, and health care providers. We strongly urge HHS and its agencies to update the federal government's research on these products and provide clear guidance to protect children. We also request that HHS, in coordination with CDC, FDA, NIH, and SAMHSA, conduct a comprehensive assessment of energy drink consumption and its health effects among school-aged children and provide responses to the following questions:

⁹ "Opinion: Why Energy Drinks Don't Belong in School," Central Times (Naperville Central High School), February 2, 2026, <https://www.centraltimes.org/showcase/2026/02/02/opinion-why-energy-drinks-dont-belong-in-school/>.

¹⁰ Centers for Disease Control and Prevention, "The Buzz on Energy Drinks," <https://www.cdc.gov/school-nutrition/energy-drinks/index.html>.

¹¹ National Institutes of Health Office of Dietary Supplements, "The Use and Biology of Energy Drinks Meeting Summary: Current Knowledge and Critical Gaps," <https://ods.od.nih.gov/News/EnergyDrinksWorkshopSummary2013.aspx>.

¹² Natalie A.E. Young and Amy M. Branum, "Caffeine Consumption Among Youth Ages 2–19: United States, August 2021–August 2023," National Center for Health Statistics, July 30, 2026, <https://www.cdc.gov/nchs/products/databriefs/db566.htm>.

¹³ Surya Suresh and Jennifer L. Temple, "Relationships Among Soda and Energy Drink Consumption, Substance Use, Mental Health and Risk-Taking Behavior in Adolescents," *Children*, November 27, 2024, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11674941/>.

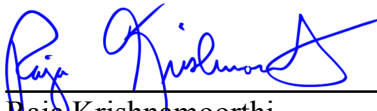
¹⁴ "Caffeine in Energy Drinks: What Regulators Limit," HealthWork NY, <https://healthworkny.com/nutrition/caffeine-in-energy-drinks-what-regulators-limit/>.

1. What research is HHS currently conducting or funding on energy drink consumption and its health effects among school-aged children, including interactions between energy drinks and prescribed stimulant medications?
2. When will SAMHSA or another HHS component update its 2013 analysis with national estimates of energy drink-related emergency department visits, hospitalizations, and deaths among minors?
3. Does FDA intend to evaluate or establish recommended limits on caffeine intake for children and adolescents? FDA has listed draft guidance on labeling caffeine content as a 2026 priority. When will that guidance be issued, will it recommend that manufacturers disclose caffeine content in milligrams, and does FDA intend to pursue binding labeling requirements?
4. How is HHS tracking adverse events involving children and energy drinks, including cardiac events, reports submitted to FDA, and poison center data? What trends has the Department identified since 2020?
5. Has HHS engaged with USDA on revisiting federal school nutrition standards that permit caffeinated beverages in high schools, given USDA's 2016 commitment to continue monitoring FDA's work on caffeine?

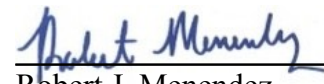
Please provide responses to these questions, along with the results of the requested assessment, to our offices no later than October 14, 2026. We also request that HHS make the assessment publicly available so that parents, schools, and health care providers can understand the risks these products pose and the steps being taken to address them.

Thank you for your prompt attention to this matter. We look forward to your timely response.

Sincerely,



Raja Krishnamoorthi
Member of Congress



Robert J. Menendez
Member of Congress