

March 30, 2017

Hon. Thad Cochran, Chair
Committee on Appropriations
U.S. Senate
S-128 Capitol Building
Washington, DC 20510

Hon. Patrick Leahy, Ranking
Committee on Appropriations
U.S. Senate
S-146A Capitol Building
Washington, DC 20510

Hon. Rodney Frelinghuysen, Chair
Committee on Appropriations
U.S. House of Representatives
H-305 Capitol Building
Washington, DC 20515

Hon. Nita. M. Lowey, Ranking
Committee on Appropriations
U.S. House of Representatives
1016 Longworth House Office Building
Washington, DC 20515

Hon. John Hoeven, Chair
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. Senate
129 Senate Dirksen Office Building
Washington, DC 20510

Hon. Jeff A. Merkley, Ranking
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. Senate
190 Senate Dirksen Office Building
Washington, DC 20510

Hon. Robert Aderholt, Chair
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. House of Representatives
2362A Rayburn House Office Building
Washington, DC 20515

Hon. Sanford Bishop, Ranking
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. House of Representatives
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairman Cochran, Ranking Member Leahy, Chairman Frelinghuysen, Ranking Member Lowey, Chairman Hoeven, Ranking Member Merkley, Chairman Aderholt, and Ranking Member Bishop:

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), administered by the Food and Nutrition Service (FNS) at the United States Department of Agriculture (USDA), is an evidence-based program that has been instrumental in improving at-risk women and children's health, growth and development for 43 years. Since WIC's inception, WIC has received strong bipartisan support and has a demonstrated track record of effectiveness and efficiency. Appropriators of both parties have recognized the value of WIC, ensuring that WIC has had sufficient funding for the past two decades to serve all eligible mothers and young children who apply. We urge you to continue to provide sufficient funding for WIC so that all eligible applicants can be served.

Specifically, we urge you to provide \$6.36 billion for WIC in the Fiscal Year 2018 Agriculture Appropriations bill and ensure at least \$200 million in the WIC contingency fund. This funding level would ensure that no eligible applicants will be turned away, maintain current and anticipated WIC participation levels, ensure adequate nutrition services and administration

(NSA) funding, respond adequately to forecasts of food cost inflation, and provide funds for nutrition services to maintain clinic staffing and ensure competitive salaries. We encourage you to continue to monitor caseload and food costs to ensure that WIC is appropriately funded to meet participant and program needs.

We recognize that WIC currently has an unprecedented level of carryover funds from a decline in caseload, the result of an improving economy, declining birthrates, and barriers to access. We support a one-time rescission of those funds so long as you ensure that WIC receives the total funding level we are requesting, including set asides and contingency funding.

We also urge you to provide:

- \$90 million in unencumbered set aside funding for breastfeeding peer counselor initiatives. WIC breastfeeding peer counselors have helped increase breastfeeding rates in the WIC population.¹ Between 1998 and 2014, breastfeeding rates among WIC moms rose from 42% to 70%.² The overwhelming success of the peer counseling initiative warrants that WIC offer breastfeeding peer counselor services at all of its clinics nationwide. Currently, only 69% of local agencies are able to operate a peer counseling program.³ As WIC has already been appropriated adequate funding for the transition to electronic benefits transfer (EBT) in all states—a requested set-aside in previous years—we request that the additional set-aside funding be allocated to the WIC Breastfeeding Peer Counselor Program.
- \$14 million in unencumbered infrastructure funding. Infrastructure funding helps WIC State agencies build capacity, including technological capabilities, to reduce the risks of systemic problems.
- \$15 million in unencumbered set aside funding for program initiatives and evaluation. WIC program evaluation and high quality quantitative and qualitative research focused on program impact has helped WIC innovate, streamline, and improve program effectiveness. It is crucial that such research continues to not only update, reinforce, and expand the rigorous documentation of WIC’s positive effects on program participants, but also help WIC continue to creatively respond to nutrition-related health challenges and adapt to changes in technology, participant preferences, and program administration.

Additionally, we urge you to protect and preserve the scientific integrity of the WIC food package. The nutritional value of the WIC food package and the kinds of food products included in the package are and must remain science-based and immune from politics and the legislative process. Congress supported NWA’s call for a regular scientific review of the WIC food package, leading to recommendations from the National Academies of Sciences, Engineering,

¹ Gross S, Resnick A, Cross-Barnet C, Nanda P, Augustyn M, Paige D. (2009). The differential impact of WIC Peer Counseling programs on breastfeeding initiation across the state of Maryland. *Journal of Human Lactation*, Volume 26, Issue 4. Pages 435–443; Yun, S., et al. (2010). Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Breastfeeding Peer Counselling Programme. *Public Health Nutrition* Volume 13, Issue 2. Pages 229–37.

² Thorn B, Tadler C, Huret N, Trippe C, Ayo E, Mendelson M, Patlan K. L, Schwartz G, & Tran V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG- 3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

³ Forrestal S, Briefel R, Mabli J (2015) WIC Breastfeeding Policy Inventory. Prepared by Mathematica Policy Research, Contract Number: AG-3198-B-10-0015 for USDA Food and Nutrition Service. Alexandria, VA.

and Medicine (NASEM, formerly the Institute of Medicine) to create a healthier food package. Updated NASEM recommendations are issued at least once every ten years.

WIC is a targeted, supplemental public health nutrition program serving roughly 7.5 million vulnerable mothers and young children, over half of all America's infants and one-quarter of its children 1–5 years of age.⁴ The USDA estimates that there remains significant unmet need—the share of WIC-eligible women, infants, and children actually participating in the program ranges from a low of 42% to a high of 85% among different states.⁵

WIC provides solid returns on investment and contributes to substantial long-term healthcare cost savings:

- **WIC is efficiently managed.** At just 9.3% of total federal costs, WIC administrative management costs are low.⁶
- **WIC effectively contains costs.** In 2014, WIC served approximately 2 million participants with \$1.9 billion in non-tax revenues generated through competitive bidding of infant formula and other cost containment initiatives.⁶
- **WIC saves healthcare dollars.** By providing low-cost preventive health services during critical periods of growth and development, WIC lowers healthcare costs. For example, participation in WIC reduces the likelihood of adverse birth outcomes, including very low birth-weight babies, and improves birth outcomes for high-risk mothers.⁷ Preterm births cost the US over \$26 billion/year, with average first year medical costs for a premature/low birth-weight baby of \$49,033 compared to \$4,551 for a baby born without complications.⁸ WIC, which costs only about \$775 per participant per year, is contributing to substantial healthcare cost savings.
- **WIC reduces early childhood adversity.** WIC children are more likely to consume essential nutrients, receive immunizations on time, and have higher cognitive development scores than their peers not participating in WIC.⁹ Recent studies have also documented a reduction in obesity rates in the WIC child population over the past several years.¹⁰ By ensuring that all of America's children get a healthy start in life, WIC leads to positive lifelong educational, economic, and health outcomes.

⁴ United States Department of Agriculture, Food and Nutrition Service (2015) WIC at a Glance. Retrieved January 2016 from www.fns.usda.gov/wic/aboutwic/wicataglance.htm.

⁵ U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. National and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach, 2013, by Paul Johnson, Erika Huber, Linda Giannarelli, and David Betson. Project Officer: Grant Lovellette. Alexandria, VA: December 2015.

⁶ United States Department of Agriculture, Food and Nutrition Service (2016) WIC Program Data. Accessed online: <https://www.fns.usda.gov/pd/wic-program>.

⁷ Fingar KR, Lob SH, Dove MS, Gradziel P, Curtis MP (2016). Reassessing the association between WIC and birth outcomes using a fetuses-at-risk approach. *Maternal and Child Health Journal*, published online August 16, 2016.

⁸ Institute of Medicine. (2006). *Preterm Birth: Causes, Consequences and Prevention*. Washington DC: National Academy of Sciences.

⁹ U.S. Department of Agriculture Food and Nutrition Service. *The National WIC Evaluation: An Evaluation of the Special Supplemental Food Program for Women, Infants, and Children. Vol. 1: Summary*. Alexandria, Virginia: U.S. Department Agriculture, 1987; Thomas TN, Kolasa MS, Zhang F, Shefer AM (2014). Assessing immunization interventions in the women, infants, and children (WIC) program. *American Journal of Preventive Medicine*, 47(5):624-628.

¹⁰ Chiasson MA, Findley SE, Sekhobo JP, Scheinmann R, Edmunds LS, Faly AS, McLeod (2013). Changing WIC changes what children eat. *Obesity*.21(7):1423-1429.

Without adequate funding, WIC programs will need to move some participants to waitlists. Removing participants from WIC due to inadequate funding has both short- and long-term consequences. Every WIC client has at least one nutritional risk and many have more than one risk. In the short-term, mothers and young children cut from WIC will not have access to WIC nutrition knowledge and WIC's nutritious supplemental foods. In the long-term, healthy childhood growth and development may be hampered and lifelong healthy behaviors thwarted. Ultimately, these mothers and children may suffer the physical, mental and financial costs that result from health and development problems during the rest of life, impacting American economic productivity and national security. Preventing eligible mothers and young children seeking WIC services from accessing the program deprives young children a healthy start in life and the opportunity to thrive.

In light of the critical role WIC plays in building a better, stronger future for America's women and children, we urge your full support of these requests.

Sincerely,