

May 18, 2016

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

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

Hon. Harold Rogers, Chair
Committee on Appropriations
U.S. House of Representatives
H-307 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. Jerry Moran, 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. Sam Farr, 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 Mikulski, Chairman Rogers, Ranking Member Lowey, Chairman Moran, Ranking Member Merkley, Chairman Aderholt, and Ranking Member Farr:

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), administered by the Food and Nutrition Service at the United States Department of Agriculture, has been instrumental in improving at-risk women and children's health, growth and development and preventing health problems for 42 years. We are relieved and grateful that WIC was sufficiently funded in Fiscal Year 2016, and we request that WIC continue to be funded adequately in the coming Fiscal Year. We urge you to provide \$6.37 billion for WIC in the Fiscal Year 2017 Agriculture Appropriations bill and assure at least \$150 million in the WIC contingency fund. This funding level assures that no eligible applicants will be turned away, maintains current and anticipated WIC participation levels, assures adequate nutrition services and administration (NSA) funding, responds adequately to forecasts of food cost inflation, and provides funds for nutrition services to maintain clinic staffing and assure competitive salaries. We encourage you to continue to monitor caseload and food costs to assure that WIC is appropriately funded to meet participant and program needs.

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. Between 1998 and 2012, breastfeeding rates among WIC participants rose from 41.3% to 70%.
- \$75 million in unencumbered set aside funding for Management Information Systems (MIS) and Electronic Benefit Transfer (EBT). EBT – an invaluable program integrity tool – is the most efficient, cost effective way of delivering participant benefits, and is advantageous to participants, retailers, and State agencies. NWA strongly supports the need for consistent, national standards for EBT technology solutions to assure a smooth transition of WIC service delivery from paper based systems to EBT systems and full WIC EBT implementation in all States by the close of fiscal year 2020. In addition to funding for EBT, in many states financial resources are also needed to develop and maintain MIS and so that systems are able to transition into electronic service delivery.
- \$6.02 million for enhanced fruit & vegetable cash value vouchers for fully breastfeeding women. The Institute of Medicine (IOM) recommends an enhanced breastfeeding food package to encourage and support mothers who choose to fully breastfeed.
- \$14 million in unencumbered infrastructure funding.
- \$26 million in unencumbered set aside funding for program initiatives and evaluation. Failure to fund research and evaluation studies leaves policymakers without the appropriate tools to make necessary funding decisions.

Additionally, we urge you to support efforts to protect nutrition science and the regulatory and science review process. The nutritional value of the food packages and the types and kinds of foods included in the WIC food packages are and must remain science-based and immune from politics and the legislative process. This assures public trust and confidence in the health and nutritional value of WIC foods. The IOM is currently undertaking a second review of the food packages, expected to be released in 2017. The food packages will be updated to reflect the 2015 Dietary Guidelines for Americans.

WIC is the nation's premier, preventive, mission-driven, short-term public health nutrition program. It influences lifetime nutrition and health behaviors in a targeted, high-risk population of low-income mothers and young children at risk for developing nutrition-related diseases and disorders. Serving over 8.2 million mothers and young children, including over half of all infants in the country, WIC provides nutrition education, breastfeeding education and support, referrals to medical and social services, and a low-cost nutritious food package.

In addition to ensuring the nutritional health of individual mothers and young children, WIC also strengthens broader communities in a number of ways. First, WIC increases the availability of healthy foods for participants **and** non-participants, through its effects on retail food stores and food manufacturers. WIC-authorized retail food stores are required to stock minimum varieties and quantities of WIC foods, which are, by definition, healthy foods. Increased local access to these healthy foods could have beneficial long-term impacts on diet quality and health among both WIC and non-WIC households. Second, WIC brings money to local economies. In FY 2013, \$6.3 billion of WIC food benefits were spent in local communities across the country.

Since 1997, Appropriators of both parties have recognized the great value WIC adds to communities across the nation, ensuring that WIC has had sufficient funding to serve all eligible mothers and young children who apply. WIC also elicits broad support across political, ideological, ethnic, and socio-economic categories in America. Voters oppose cutting funding for WIC: A bi-partisan national survey of 1,000 likely November 2012 voters indicated nearly 3 in 4 Americans want WIC funding to remain the same or increase with nearly twice as many favoring an increase as wanting a reduction.

Grounded in science, efficiency, and compassion, WIC is a demonstrably effective program that provides significant returns on investment:

- At just 7.91% of total program costs, nationally, WIC program management costs are low.
- In 2014, WIC served approximately 2 million participants with \$1.8 billion in non-tax revenues generated through competitive bidding of infant formula and other cost containment initiatives.
- Studies show that WIC has been effective in improving birth outcomes, reducing expensive pre-term and low birth-weight births. Preterm births cost the U.S. over \$26 billion a 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.
- WIC's increased breastfeeding rates contribute to reduced risk for developing obesity in mothers and children, and are also associated with lower rates of infectious diseases, sudden infant death syndrome, type 2 diabetes, postpartum depression, and certain cancers. If 90% of US mothers exclusively breastfed their infants to 6 months, the US would save \$13 billion each year in medical expenses and prevent over 900 deaths annually.
- WIC children are more likely to consume key nutrients, receive immunizations on time, and have high cognitive development scores than their peers not participating in WIC. A recent national study as well as studies in Los Angeles County and New York State have documented the reduction in obesity rates in the WIC child population over the past several years.

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 future for America's women and children, we urge your full support of these requests.

Sincerely,

Academy of Nutrition and Dietetics
Advocates for Better Children's Diets
Alliance for a Just Society
Alliance to End Hunger
American Academy of Pediatrics
American Congress of Obstetricians and Gynecologists
American Federation of State, County and Municipal Employees (AFSCME)
American Psychological Association
American Public Health Association
Association of Maternal & Child Health Programs
Association of State and Territorial Health Officials
Association of State Public Health Nutritionists
Fair Food Network
Feeding America
First Focus Campaign for Children
Food Research and Action Center
Global Justice Institute
Human Services Network
Infectious Diseases Society of America
Lutheran Services in America
Main Street Alliance
March of Dimes
MAZON: A Jewish Response to Hunger
Medical Mission Sisters
MomsRising
National Advocacy Center of the Sisters of the Good Shepherd
National Alliance for Partnerships in Equity (NAPE)
National Association of County and City Health Officials
National Association of Social Workers
National Coalition for the Homeless
National Network to End Domestic Violence
National Recreation and Park Association
National WIC Association
National Women's Conference Committee
Native Organizers Alliance
Network for Environmental & Economic Responsibility of United Church of Christ
People Demanding Action
Project Bread
Provincial Council Clerics of St. Viator (Viatorians)
RESULTS
Share Our Strength
Sisters of Mercy of the Americas, Institute Justice Team
Society for Nutrition Education and Behavior

The Food Trust
The United Methodist Church - General Board of Church and Society
Trust for America's Health
United States Breastfeeding Committee
USAction Education Fund
Wholesome Wave
ZERO TO THREE