

June 16, 2015

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 – has been instrumental in improving at-risk women and children’s health, growth and development and prevented health problems for 41 years. We are relieved and grateful that WIC was sufficiently funded in Fiscal Year 2015, and we request that WIC continue to be funded adequately in the coming Fiscal Year.

We urge you to provide \$6.684 billion for WIC in the Fiscal Year 2016 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 rates rose from 41.3% to 67%.
- \$30 million in unencumbered set aside funding for Management Information Systems (MIS). Technology provides a critical foundation for quality WIC services and program integrity.
- \$50 million in unencumbered set aside funding for 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.
- \$6 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.
- \$5 million to support updated rigorous health outcomes research 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 2016, with a view to updating them to meet 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 8.3 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.

Since 1997, Appropriators of both parties have recognized the great value WIC adds to the nation's nutritional health, 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 nutrition science, WIC is an efficient and effective program that provides significant returns on investment:

- At just 7.20% 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 reducing the risks for developing obesity, and protecting against 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. They may go without healthy or enough food. 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,

Advocates for Better Children's Diets
 Alliance for a Just Society
 Alliance to End Hunger
 American Academy of Pediatrics
 American Federation of State, County and Municipal Employees (AFSCME)
 American Public Health Association (APHA)
 Bread for the World
 Can Manufacturers Institute
 Congressional Hunger Center
 Evangelical Lutheran Church in America

Every Child Matters Education Fund
Fair Food Network
Feed the Children
Feeding America
First Focus Campaign for Children
Islamic Relief USA
March of Dimes
Moms Rising
National Advocacy Center of the Sisters of the Good Shepherd
National Association for the Education of Young Children (NAEYC)
National Association of County and City Health Officials (NACCHO)
National Healthcare for the Homeless Council
National Recreation and Park Association
National WIC Association
Network for Environmental & Economic Responsibility of United Church of Christ
NETWORK, A National Catholic Social Justice Lobby
Presbyterian Church (U.S.A.)
Provincial Council of Clerics of St. Viator (Viatorians)
Public Health Solutions
RESULTS: The Power to End Poverty
Shape Up America!
Share Our Strength
Sisters of Charity of the Blessed Virgin Mary
The Academy of Nutrition and Dietetics
The Association of State and Territorial Health Officials (ASTHO)
The Association of State Public Health Nutritionists (ASPHN)
The Episcopal Church
The Food Trust
The Hepatitis Foundation International
The Salvation Army
Trust for America's Health
Union for Reform Judaism
US Breastfeeding Committee (USBC)
US Lactation Consultant Association
USAction
Wholesome Wave
WhyHunger
ZERO TO THREE