

July 28, 2015

Hon. Pat Roberts, Chair  
Committee on Agriculture, Nutrition, and Forestry  
U.S. Senate  
328 Russell Senate Office Building  
Washington, DC 20510

Hon. John Kline, Chair  
Committee on Education and the Workforce  
U.S. House of Representatives  
2181 Rayburn House Office Building  
Washington, DC 20515

Hon. John Hoeven, Chair  
Subcommittee on Nutrition, Specialty Crops, and  
Agricultural Research  
U.S. Senate  
338 Russell Senate Office Building  
Washington, DC 20510

Hon. Todd Rokita, Chair  
Subcommittee on Early Childhood, Elementary, and  
Secondary Education  
U.S. House of Representatives  
1717 Longworth House Office Building  
Washington, DC 20515

Hon. Debbie Stabenow, Ranking  
Committee on Agriculture, Nutrition, and Forestry  
U.S. Senate  
328 Russell Senate Office Building  
Washington, DC 20510

Hon. Bobby Scott, Ranking  
Committee on Education and the Workforce  
U.S. House of Representatives  
2101 Rayburn House Office Building  
Washington, DC 20515

Hon. Bob Casey, Ranking  
Subcommittee on Nutrition, Specialty Crops, and  
Agricultural Research  
U.S. Senate  
393 Russell Senate Office Building  
Washington, DC 20510

Hon. Marcia Fudge, Ranking  
Subcommittee on Early Childhood, Elementary, and  
Secondary Education  
U.S. House of Representatives  
2344 Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Roberts, Ranking Member Stabenow, Chairman Kline, Ranking Member Scott, Chairman Hoeven, Ranking Member Casey, Chairman Rokita, and Ranking Member Fudge:

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 preventing health problems for 41 years. WIC serves approximately 8 million mothers and young children through 10,000 clinics nationwide. Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding counseling and education, nutritious foods, and improved healthcare access for low and moderate income women and children with, or at risk of developing, nutrition-related health problems including overweight, obesity, and type-2 diabetes. WIC's committed, results-oriented, entrepreneurial staffs stretch resources to serve the maximum numbers of women, infants, and children and ensure program effectiveness and integrity.

As the nation's premier public health nutrition program, WIC is a science-based, rigorously studied, cost-effective, sound investment – ensuring the health of our children.

In light of the critical role WIC plays in building a better future for America's women and children, we urge you to honor the following recommendations as you undertake WIC reauthorization this year:

- Name WIC for what it delivers. Change the program's name to the Special Supplemental **Public Health** Nutrition Program for Women, Infants, and Children.

WIC is more than a nutrition program. It is the gateway to health care for millions of mothers and young children providing referrals to prenatal and pediatric care, lead screening, oral hygiene, immunizations, smoking cessation, and abuse counseling.

- Protect and preserve adjunctive eligibility.

Enacted in 1989 to link WIC preventive services to other health and social service programs, adjunctive eligibility supports program integrity, assures lower Nutrition Services Administration (NSA) and reduced administrative costs, streamlines enrollment, decreases health care costs by preventing illness, developmental problems, and chronic diseases and assures the preventive public health value of WIC.

- Enhance the quality of the fully breastfeeding food package by rounding inflation-adjusted cash value vouchers to the nearest dollar increment rather than always rounding down.
- Maintain the enhanced value of the fully breastfeeding food package, as recommended by the Institute of Medicine (IOM) and as proposed by the Food and Nutrition Service (FNS) in the Interim Final Rule, by increasing the monthly cash value voucher benefit for fully breastfeeding women from \$10 to \$12.
- Assure that choice in the WIC food packages promotes WIC success by maximizing state flexibility to offer national and private label brand options to adequately and appropriately respond to consumer needs, cultural preferences, and family lifestyles.
- Achieve efficiencies, coordinate nutrition services with health and safety net programs, and save Medicaid and health care cost by:
  - Giving states the option to certify infants for two years to eliminate duplicative paperwork and focus WIC on health, nutrition, breastfeeding, immunization, and pediatric referral services that will make a significant difference in the lives of lower income infants and young children.
  - Giving states the option to increase the certification timeframe for both breastfeeding and non-breastfeeding women to two years post-partum. Certification for the extended post-partum period may address crucial needs for the new mother, infant, and potentially subsequent children during vulnerable life stages.
  - Giving states the option to extend eligibility for children to age six to assure a continued strong health and nutrition foundation, preparing children for school entrance, getting them ready to learn, and reducing childhood obesity and other chronic diseases.
- Enhance service delivery through information technology by providing \$35 million in unencumbered funding outside the regular NSA grant to implement Management Information Systems (MIS) core functions, upgrade WIC technology systems, maintain MIS and electronic services, and render MIS systems EBT-ready.
- Move WIC to electronic benefit service delivery by 2020 by providing at least \$50 million per year up to a total of \$219 million for the smooth transition of WIC service delivery from paper based systems to Electronic Benefit Transfer (EBT) systems. WIC EBT:
  - Assures program integrity, allowing for accurate rebate billing on infant formula, ensuring retailer claims do not exceed the shelf price, assuring secure transactions, timely and accurate claims, reducing resources spent on retailer compliance activities, monitoring and reconciling retailer overcharges, reducing forgery and fraud opportunities, increasing accountability, reducing paperwork, improving administrative efficiencies, and streamlining clinic operations.
  - Assures participants convenience and the ability to purchase the full complement of food benefits within the valid period, through easy, quick, secure, discreet, confidential single transactions for all items purchased in a particular shopping trip.
  - Assures retail purchases of only WIC-authorized foods, eliminates improper substitutions, reduces cashier error and the need for intensive training, provides for a secure, single

transaction for all items purchased, allows for timely claims, settlements, fast and easy operation, reduced paperwork by eliminating paper food instruments, and more trips to the store by participants resulting in increased purchases.

- Protect WIC’s limited technology resources by amending current law to clarify that WIC is not expected to pick up the on-going costs of communications lines, processing fees, maintenance, and new and replacement equipment costs, and further that where an authorized vendor accepts both SNAP and WIC benefits that the vendor assume the incremental costs for EBT.
- Protect and support breastfeeding in WIC by:
  - Emphasizing the importance of breastfeeding in WIC with the addition of “breastfeeding support and promotion” to each citation related to WIC for nutrition education in the Child Nutrition Act of 1966.
  - Enhancing the successful breastfeeding peer counselor initiative by increasing the authorized level to \$180 million per year.
- Provide \$15 million per year to support updated, rigorous health outcomes research and evaluation, documenting WIC’s continued success.

Through the WIC Reauthorization process, Congress plays a critical role in addressing healthy birth outcomes and early childhood development in this country. We urge you to prioritize our nation’s infants and children by fully supporting our requests.

Sincerely,

Academy of Nutrition and Dietetics  
American Academy of Pediatrics  
American Public Health Association  
Association of Maternal & Child Health Programs  
Association of State Public Health Nutritionists  
California Center for Public Health Advocacy  
Center for Communications, Health & the Environment (CECHE)  
Congressional Hunger Center  
Evangelical Lutheran Church of America  
First Focus Campaign for Children  
Food Research & Action Center  
Friends Committee on National Legislation  
Healthcare Alternative Systems, Inc.  
Laurie M. Tisch Center for Food, Education, and Policy, Teachers College, Columbia University  
March of Dimes  
MAZON: A Jewish Response to Hunger  
MomsRising  
National Advocacy Center of the Sisters of the Good Shepherd  
National LGBTQ Task Force Action Fund  
National Recreation and Park Association  
National WIC Association  
NETWORK, A National Catholic Social Justice Lobby  
Provincial Council of the Clerics of St. Viator (Viatorians)  
Public Health Solutions  
RESULTS

Sisters of Charity, BVM Leadership Team  
Sisters of Charity of Saint Elizabeth  
Shape Up America!  
The Food Trust  
Trust for America's Health  
United States Breastfeeding Committee  
USAction Education Fund.  
WhyHunger