



NATIONAL WIC ASSOCIATION 2019 CHILD NUTRITION REAUTHORIZATION PRIORITIES

NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.



WIC: IMPROVING OUTCOMES FOR A STRONGER, HEALTHIER AMERICA

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has improved the nutrition and health outcomes for at-risk mothers, babies, and young children for more than 46 years. The targeted, time-limited program is a proven investment in reducing negative pregnancy and birth outcomes, leading to long-term health success and significant healthcare savings.¹ WIC more than doubles its return on investment, saving \$2.48 in healthcare cost for every dollar spent on WIC services.² WIC contributes to young children's healthy development, helping to grow a new generation of self-sufficient Americans.

WIC serves roughly 6.9 million low-income mothers and young children, including approximately half of all infants born in the United States and a quarter of all children aged 1-4.³ Children remain eligible for

the program until their fifth birthday. WIC's quality nutrition services include healthy prescribed foods, nutrition education, breastfeeding support and counseling, and health screenings and referrals to healthcare providers and other services. WIC's referrals serve as a gateway to healthcare, facilitating participant access to preventative health services. WIC is an evidence-based, cost-effective program that delivers improved health and nutrition outcomes for at-risk mothers and children.

NWA's members – including state WIC directors, local agency directors and clinic supervisors, frontline clinic staff, and nutritionists – works tirelessly each day to deliver quality nutrition services and breastfeeding support to WIC families. On their behalf, NWA has worked for nearly four decades to build bipartisan and broad-based support for WIC's programmatic goals and public health mission. In 2019, NWA offers the following recommendations for program improvements:

ADDRESSING NUTRITION GAPS

EXTEND POSTPARTUM ELIGIBILITY TO TWO YEARS

Positive maternal health – including diet – is a crucial indicator of successful birth outcomes, reducing the risk of preterm birth, low birthweight, and birth defects.⁴ WIC is uniquely positioned to provide vital nutrition counseling to postpartum women during the inter-conception period, ensuring that any subsequent pregnancies get a healthy start. Increased eligibility will also ensure that parents have additional time with trusted WIC staff to get help and referrals to deal with issues such as stress or depression, family planning, smoking and substance use, or domestic violence – all of which can help mothers reduce risks in later pregnancies.



FOR OVER FOUR DECADES, WIC HAS DELIVERED PREVENTATIVE HEALTH SERVICES AND NUTRITION SUPPORT. WIC IS THE GATEWAY TO HEALTHCARE FOR MILLIONS OF MOTHERS AND YOUNG CHILDREN. NWA RECOMMENDS THAT CONGRESS RECOGNIZE THE PROGRAM'S BROAD MISSION BY RENAMING WIC AS THE PUBLIC HEALTH NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN.

EXTEND CHILD ELIGIBILITY TO AGE SIX

Extending WIC eligibility for children by one year – until their sixth birthday – would ensure that no child slips through the nutrition gap between WIC and the National School Lunch and Breakfast Programs. The National Center for Education Statistics indicates that a majority of children start kindergarten after the age of 5½.⁵ As a result, many children could be facing six months or more

EXTENDED CHILD ELIGIBILITY – “WIC TO 6” – WAS INCLUDED IN THE BIPARTISAN SENATE BILL DRAFTED BY CHAIRMAN ROBERTS (R-KS) DURING THE 2015-2016 CNR PROCESS.

without targeted nutrition support. An extension of child eligibility would ensure that all eligible children can make a seamless transition between WIC and school meals, thereby leading to healthier diets and improved physical and cognitive health outcomes.

PRIORITIZE WIC PROJECTS THAT SHAPE COMMUNITY HEALTH

WIC has driven change in local communities to improve overall health outcomes, most notably after the 2009 revisions to the food package.⁶ With many participants living in communities that do not support healthy lifestyles, WIC clinics actively collaborate with other federal programs, healthcare providers, food industry, and retail partners to strengthen community health infrastructure. Increased linkages – particularly with healthcare providers – can help address existing health disparities, including persistently high rates of maternal and infant mortality and morbidity. A dedicated set-aside for community health projects would prioritize WIC efforts to enhance local referral networks, improve local access to healthy foods, and create breastfeeding-friendly environments in the community.

REDUCING BURDEN THROUGH STREAMLINED PROCESSES

ENHANCE ADJUNCTIVE ELIGIBILITY

Adjunctive eligibility is the hallmark of WIC's efforts to streamline processes, reducing the burden on clinics and participants by waiving duplicative production requirements during certification when a participant is also obtaining services through Medicaid, SNAP, or TANF. About three-quarters of participants are adjunctively eligible for WIC through their participation

in another program.⁷ The use of adjunctive eligibility to simplify the certification process is associated with cost-savings, permitting additional funds to be invested in nutrition education and breastfeeding support.

While the largest category of participants, children are also the most underserved.⁸ Some states have exercised a state option to extend adjunctive eligibility to other programs that primarily serve children, most notably Head Start and Early Head Start. The Head Start programs collectively serve over one million children.⁹ This state option has proven incredibly effective where local agencies are remotely certifying families for WIC at Head Start locations. In order to streamline processes nationwide and connect more eligible children with WIC's nutrition support, adjunctive eligibility should be expanded to include Head Start programs, school meals, and additional programs.

Even among existing adjunctively eligible programs, modest changes could substantially reduce administrative burden during the certification process. Adjunctive eligibility for WIC is determined differently for SNAP, Medicaid, and TANF, with waiver of the documentation requirement permitted in cases where family members are the ones accessing services. NWA recommends that adjunctive eligibility be enhanced to streamline certification when the applicant has family members who receive SNAP or Medicaid.

EXTEND CERTIFICATIONS TO TWO YEARS

Duplicative certification processes are burdensome on clinics and participants, deterring longer-term participation on the program and blunting the positive impacts of WIC's public health nutrition intervention. WIC clinics must invest time, resources, and staffing in clerical activities, as opposed to nutrition or breastfeeding support. Current

EXTENDED CERTIFICATION PERIODS FOR INFANTS WAS INCLUDED IN THE BIPARTISAN SENATE BILL DRAFTED BY CHAIRMAN ROBERTS (R-KS) DURING THE 2015-2016 CNR PROCESS.

certification periods pose specific challenges as infant participants approach their first birthday, reducing the targeted nutrition support that infants receive during a crucial time of transition in the child's dietary patterns. Extended certification periods would reduce the burden on clinics and participants, streamline administrative processes, and ensure that WIC is effectively allocating time and resources to its core public health purposes.

PERMIT FAMILY CERTIFICATIONS

WIC certifies participants on an individual basis, but the certification process should reflect the reality of serving families. Income documentation must currently be produced whenever an individual is certified, even if income eligibility has recently been verified for the family.¹⁰ This system leads to a duplication of effort and longer certification appointments. The requirement to provide the same documentation multiple times can deter families from continuing to obtain WIC services. Congress should permit income documentation to carry over to other eligible family members during the family certification period. This will streamline individual certification appointments and maximize the nutrition and breastfeeding support delivered in clinics.

INCORPORATE VIDEO TECHNOLOGIES IN CERTIFICATIONS

Current law requires that every applicant – including infants and children – be present in the clinic for the certification appointment. This physical presence requirement substantially burdens rural communities, where transportation is a significant barrier to accessing the WIC clinic. With both state agencies and the broader healthcare community embracing new technologies, WIC clinics should be permitted to certify participants through video communications platforms.

INTEGRATING TECHNOLOGY INTO SERVICE DELIVERY



REDUCE THE BURDEN OF ONGOING EBT/E-WIC COSTS

WIC's transition to electronic-benefit transfer payment systems (EBT, also known as e-WIC) has increased program integrity and efficiency, while also improving the participant experience. While successful, the operation of EBT/e-WIC systems carries higher costs than the paper voucher model, as state agencies must now pay transaction processing fees. These additional fees have strained state agency NSA budgets, diminishing the resources available to maintain clinic operations and retain staff. As EBT/e-WIC is a necessary part of delivering food to participants, NWA urges Congress to permit state agencies flexibility to pay for transaction processing fees with food funds.

INVEST IN STATE-DRIVEN INNOVATIONS

WIC's infrastructure funding line provides support for special project grants, which allow states to explore targeted projects to improve systems, streamline processes, and embrace technology in an effort to enhance the participant experience, address caseload decline, and modernize service delivery. Special project grant funding is insufficient to channel the innovative energy of WIC agencies, with only 16 state agencies receiving funding in the past five fiscal years. New and significant investment in special project grant funding could enhance state agency efforts to explore telehealth and online education platforms, co-locate WIC clinics with healthcare practitioners, and address transportation barriers. NWA recommends a total of \$50 million for the infrastructure funding line to reflect a new emphasis on special project grant funding.

FUND PILOT PROJECTS TO EVALUATE ONLINE ORDERING MODELS

Retail grocers are investing in new platforms that will enable shoppers to order foods online. Building on this enthusiasm, USDA is now piloting a multi-state project for online ordering and home delivery in SNAP.¹¹ WIC has a history of warehouse or home delivery models in paper voucher states, but these systems are untested in an EBT/e-WIC setting. In partnership with industry, USDA should oversee and rigorously evaluate pilot projects in at least five states that will test online ordering models in WIC, including models that permit online payment and home delivery.





PROMOTING BREASTFEEDING

INCREASE INVESTMENT IN THE BREASTFEEDING PEER COUNSELOR PROGRAM

First authorized by President George W. Bush, WIC's highly successful Breastfeeding Peer Counselor Program connects pregnant and postpartum participants with paraprofessional lactation counselors who come from the same neighborhoods and speak the same language. The evidence-based, peer-to-peer model is associated with an increase in breastfeeding initiation,¹² duration, and exclusivity among WIC mothers.¹³ Many peer counselors – largely former WIC moms – will go on to obtain higher credentials and pursue a career in healthcare.

Despite the program's popularity, approximately 31% of all local agencies are unable to support a peer counselor.¹⁴ Of the agencies that do have a peer counselor, the peer counselor is often working part-time and is not able to assist every individual in need. With flat-funding for the past eight years, the program has contracted as administrative costs have risen with inflation. Additional funding is needed to ensure that every agency is able to sustain enough peer counselors to meet participant need. To realize this target, NWA recommends that the authorizing level of the breastfeeding peer counselor set-aside be raised from \$90 million to \$180 million.

ENHANCE FUNDING FOR BREASTFEEDING SUPPLIES

Approximately 70% of the WIC grant is reserved for the sole purpose of providing food to participants.¹⁵ In a prior reauthorization, Congress permitted food funds to be used for the purchase of breast pumps, a necessary mechanism of delivering food to participants. Additional supplies beyond breast pumps are integral to the success of breastfeeding – including nipple shields and breast pads.¹⁶ NWA urges inclusion of a wider range of breastfeeding supplies within allowable food costs.

ALLOW FOR PURCHASE OF BANKED DONOR MILK

Breastmilk is the most nutritious infant food, helping to reduce the risk of illness and obesity.¹⁷ Breastmilk can be life-saving for vulnerable infants, especially preterm babies and in cases of congenital defects or other medical complications.¹⁸ Where a mother is unable to breastfeed, banked donor milk can ensure that the infant is still able to receive the vital nutrients included in human breastmilk. NWA recommends that banked donor milk be an allowable food cost in WIC.

ENSURING THE NUTRITIONAL QUALITY OF WIC FOODS

PRESERVE THE INTEGRITY OF THE FOOD PACKAGE REVIEW PROCESS

The nutritional value of the WIC food packages is and must remain science-based and immune from politics or the legislative process. This promotes public trust and confidence in the health and nutritional value of WIC foods tailored to the specific dietary needs throughout pregnancy, infancy, and early childhood. In the last reauthorization, Congress supported NWA's call for a scientific review of the WIC food packages at least once every ten years by the National Academies of

Sciences, Engineering, and Medicine (NASEM, formerly the Institute of Medicine).

In 2017, NASEM published the final report of its second review of the WIC food packages,¹⁹ recommending increased options and flexibility to meet participants' dietary and nutrient needs, increasing consumption and choice in whole grains and fruits and vegetables, decreasing amounts of certain foods that were found to be offered in too large a quantity or were burdensome to WIC families, and improving support of breastfeeding moms. NWA supports consideration of these recommendations through the established USDA regulatory process.

FUND PILOT PROJECTS TO ENHANCE THE CASH VALUE VOUCHER

WIC's nutritious food package has improved diets, reduced childhood obesity, and encouraged healthier options in retail grocery stores.²⁰ As part of the most recent food package review, NASEM emphasized the success of the Cash Value Voucher (CVV), a modest benefit exclusively for fresh fruits and vegetables. Based on the comprehensive scientific evidence included in the NASEM report, USDA should test and evaluate NASEM's recommendations with respect to the CVV, both by increasing the CVV value and permitting substitutions of other



food package items – including juice and jarred fruits and vegetables – with additional CVV benefit.

ENHANCING STATE FLEXIBILITIES

PRESERVE THE INTEGRITY OF INFANT FORMULA COST CONTAINMENT

Since 1989, WIC's highly successfully infant formula cost containment program has saved the federal government billions of dollars. State WIC agencies obtain significant discounts in the form of rebates from infant formula manufacturers for each can of formula purchased through WIC. In exchange, the manufacturer offering the lowest net wholesale price is given exclusive right to provide its product to WIC participants in the State for a specified period – generally three years. In 2018, the federal government saved \$1.73 billion through infant formula rebates.²¹

Prior to 2004, state WIC agencies had the option to form contracting alliances of varying sizes to obtain better rebates from infant formula manufacturers. State alliances are vital for rural and low-capacity agencies, which may lack the purchasing power to obtain a favorable rate. In 2004, Congress limited the size of new contracting alliances to no more than 100,000 participating infants, while preserving existing alliances that exceeded that limit. NWA supports the continuation of existing contracting alliances.

PERMIT ROLL-OVER OF UNREDEEMED BENEFITS

WIC participants may not always fully redeem their benefits each month. Situational factors such as store stocking, prescriptive package sizes, and notice of available benefits on EBT/e-WIC cards can impact participant shopping behaviors.²² At times, these factors leave participants

with a remainder of benefits that is less than the minimum package size available in stores. NWA recommends that participants should be able to roll over benefits by food category into a new month, to ensure that the full benefit is redeemed.

EXTEND VENDOR AUTHORIZATION PERIODS TO ALIGN WITH SNAP

WIC's peer group model currently requires retail vendors to seek reauthorization every three years, whereas most SNAP vendors must reauthorize every five years. While the requirements for authorized vendors differ sharply between the programs, concurrent authorization periods can alleviate burdens on retailers and program management staff.

STRENGTHEN THE WIC FARMERS MARKET NUTRITION PROGRAM (WIC FMNP)

INVEST IN TECHNOLOGY-BASED TRANSACTION SOLUTIONS AT FARMERS' MARKETS

Congress required states to adopt EBT/e-WIC systems for WIC service delivery, but there was not a similar requirement for WIC FMNP. EBT/e-WIC enhances program integrity, administrative efficiency, and participant and vendor satisfaction. Despite the benefits of the EBT/e-WIC model, states have not elected to pursue EBT/e-WIC systems for farmers' markets. Congress should align WIC FMNP with the overall WIC program and provide dedicated set-aside funds to ensure that states have the resources to pursue technology-based transaction solutions at farmers' markets.

Current regulations are also prohibitive to state-driven technology solutions. Vendor authorization agreements are on an individual basis, which prevents farmers' markets from adopting the more efficient and less

costly central point-of-sale system used in SNAP EBT. To reduce costs and burden on farmer vendors, technology-based transaction solutions should explore options that minimize the need for individual point-of-sale devices. NWA recommends that Congress should direct for sufficient regulatory flexibilities to permit a central point-of-sale model while ensuring program integrity.



ALLOW FOR HIGHER BENEFIT LEVELS AT FARMERS MARKETS

WIC FMNP issues benefits on a seasonal basis, capped at an *annual* maximum of \$30 per participant. Especially in areas with transportation barriers, the lower value of the benefit may not be sufficient to ensure adequate redemption. Indeed, state data demonstrates that states with higher benefits issuance also see higher redemption rates, returning more investment to farmers. WIC FMNP's critical mission of connecting fresh, nutritious foods with WIC families would be enhanced by a higher maximum benefits level of at least \$60 per year.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to Brian Dittmeier, NWA's Senior Public Policy Counsel, at bdittmeier@nwnica.org.

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