

April X, 2014

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

Hon. Richard C. Shelby, 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. David Pryor, Chair
Subcommittee on Agriculture, Rural
Development, FDA, & Related Agencies
U.S. Senate
129 Senate Dirksen Office Building
Washington, DC 20510

Hon. Roy Blunt, 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 Chairwoman Mikulski, Ranking Member Shelby, Chairman Rogers, Ranking Member Lowey, Chairman Pryor, Ranking Member Blunt, Chairman Aderholt, and Ranking Member Farr:

This year marks the 40th Anniversary of the nation's premier, evidence-based, short-term, mission-driven, preventive public health nutrition program – the effective Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). We are grateful that WIC was sufficiently funded in Fiscal Year 2014.

We urge you to provide a sufficient funding level to assure that no eligible applicants will be turned away; maintains current and anticipated WIC participation levels, assures adequate nutrition services and administration (NSA) funding, and responds adequately to forecasts of food cost inflation. 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 urge you to provide at least \$6.823 billion – the President's Budget request and include:

- \$96.2 million (the inflation adjusted authorized level) in set aside funding for breastfeeding peer counselors and breastfeeding support services (WIC breastfeeding peer counselors have helped

increase breastfeeding rates in the WIC population. Between 1998 and 2012 rates rose from 41.3% to 67%.) – this will help WIC more broadly promote and support breastfeeding and help offset reductions in cost containment savings from formulaic changes by a major formula manufacturer ;

- \$32.07 million (the inflation adjusted authorized level) in MIS/EBT funding (MIS/EBT helps states more effectively manage program integrity, ensuring timely and accurate transactions and claims and allowing WIC to identify vendor non-compliance and error more quickly) – this will help make up for two years without funding and speed EBT implementation to meet the 2020 mandate;
- \$14.96 million in infrastructure funding;
- \$16 million for program initiatives and evaluation, including \$5 million for research (Failure to fund research and evaluation studies shortchanges policymakers leaving you without the appropriate tools to make necessary funding decisions); and
- \$150 million in contingency funding.

Additionally, we urge you to preserve and protect WIC’s scientific integrity, opposing efforts to alter the landscape of foods available in the science-based WIC food package. Independent nutrition scientists from the Institute of Medicine are set to take up review of the food package in 2015. USDA has advised that it will jump start that process. We urge Congress to wait for that review. Improving the nutritional health and well-being of vulnerable mothers and young children led Congress to create WIC nearly 40 years ago. Undermining that mission by allowing Congress to insert itself into science-based decisions is counterintuitive and can only result in other challenges to the science-based integrity of the WIC food package.

WIC 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 nearly 9 million mothers and young children, including 53% 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. Why?

- At just 7.20% of total program costs, nationally, WIC program management costs are low.
- In 2013, WIC served 2 million participants with \$1.9 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, documents the reduction in obesity rates in the WIC child population over the past several years.

Faced with tight budgets, WIC programs across the country have reduced clinic hours and staff, reduced program outreach to communities in need, and made program delivery efficiencies in order to prevent cutting current participants from the program. Additional funding cuts could mean cutting participants resulting in 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; 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. Together, these impact American economic productivity and national security. Preventing eligible mothers and young children seeking WIC services deprives young children a healthy start in life and the opportunity to thrive.

In the spirit of WIC: Strengthening Families for 40 Years, we urge your full support of these requests.

Sincerely,