



FISCAL YEAR 2024 FUNDING BRIEF: INCREASED WIC FUNDING NEEDED TO MEET PROJECTED CASELOAD

NWA RECOMMENDS:

To ensure uninterrupted WIC support amid higher participation, Congress must fund WIC at a level that can serve projected caseload while maintaining enhanced access to fruits and vegetables for WIC families.

INVESTING IN WIC BUILDS A HEALTHIER AMERICA

For nearly fifty years, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has proven to be one of the most effective investments. With a targeted, time-limited nutrition intervention at critical times of growth and development, WIC more than doubles its return on federal investment by reducing short- and long-term healthcare costs for families and setting the stage for healthier outcomes.

WIC is a discretionary program, meaning that spending for the program must be authorized each year by Congress. Since the mid-1990s, Congress has maintained a bipartisan commitment to fund WIC at the level needed to meet projected caseload. This ongoing support for WIC's public health mission discontinued earlier practices of waiting lists that kept eligible women and children from WIC's life-saving nutrition support. WIC continues to be a critical tool in broader public health efforts that address urgent national priorities, including preterm birth, maternal



and infant mortality, disparities in breastfeeding, and curbing childhood obesity. Despite this strong record of improving health outcomes, WIC participation declined throughout the 2010s. Recent efforts taken by Congress on a bipartisan basis, the U.S. Department of Agriculture (USDA), and State WIC agencies have reversed this trend and ensured that WIC is now serving a larger share of the eligible population.

Increased participation requires a larger funding commitment from Congress to assure that projected participants can access WIC's nutrition support. **The National WIC Association (NWA) strongly urges Congress to honor its longstanding commitment to fully fund WIC and stands opposed to any funding level that would cut benefits or access to WIC services.**

The President's Budget signaled that growing participation and higher food costs would require more investment (\$615 million above FY23 levels) to assure WIC can continue to serve projected caseload. **Recently released data show that the rate of WIC participation has already outpaced estimates in the President's Budget, requiring additional investment in WIC's nutrition services to support a healthier next generation.** Rising caseloads are reflective of a decade-long effort by state and local agencies to ensure more eligible families are connected to the program-- Congress must provide sufficient funds to ensure that these gains in WIC participation can be sustained moving forward.



RAPID GROWTH IN WIC CASELOAD

In March 2023, the President's Budget requested \$6.3 billion in budget authority for WIC to serve a projected increase in caseload to an average of 6.5 million participants across fiscal year 2024. With additional data now available to reflect the first ten months of actual WIC participation in fiscal year 2023, WIC is already serving **6.7 million** participants.¹

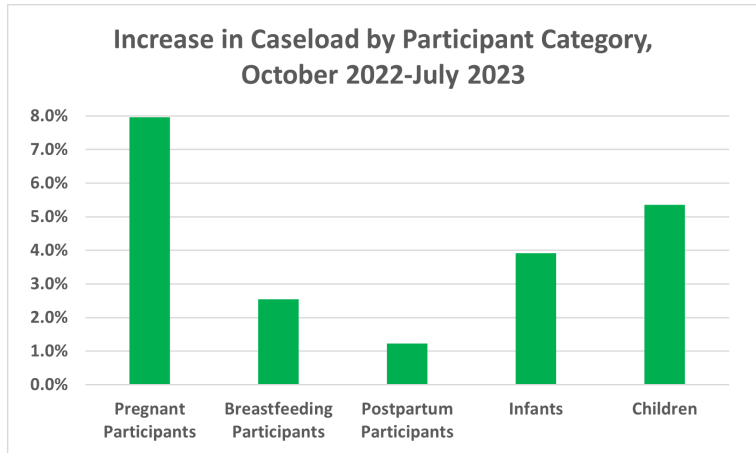
WIC caseload projections rely on new and evolving data sets to accurately predict need and steer resources to families in need. Policymakers must continue to observe trends as new data is available to ensure that WIC is prepared to serve all eligible families who reach out for WIC's life-saving nutrition support.

In fiscal year 2022, WIC grew by 182,000 participants, or an average of 15,200 participants per month. In the first ten months of fiscal year 2023, **WIC participation has increased by over 304,000** - an average of 30,486 new participants per month. Overall, WIC caseload has increased by 5% in fiscal year 2023, from 6.4 million participants to 6.7 million.¹

This trend of increased caseload has been consistent across participant categories.

In FY 2023, participation has grown across all participant categories, with some variation in the rate of growth from 1.2% (Postpartum participants) to 8% (pregnant participants). The increase among child participants (5.4%) is particularly notable as the percent of eligible children is the lowest among all participant categories (43.3%). Since 2020, child participation has grown by 18%.¹

Amidst this increase, new data indicates an increase in child poverty², food insecurity³, and infant mortality⁴. WIC has been documented to have a protective effect on adverse health outcomes⁵, including the aforementioned outcomes. These data drive home the importance of fully investing in and expanding these vital programs to meet the needs of families.



WIC program improvements and broader economic trends likely contributed to this surge in WIC utilization. Modernization efforts, like remote appointments, have made it easier to connect with and remain on WIC. Enhanced fruit and vegetable benefits have been crucial for WIC's nutritionally at-risk families dealing with higher grocery prices.

According to the Center on Budget and Policy Priorities, the proposed \$6.3 billion funding level for WIC in the Senate Agriculture appropriations bill (S. 2131), would require states to turn away an estimated 600,000 postpartum women and children.⁶ Failure to provide WIC with the resources to serve projected caseloads jeopardizes the health and well-being of thousands of mothers and young children.

The House Agriculture appropriations bill (H.R. 4368) funds WIC at \$6 billion, with a \$500 million rescission. This bill, if enacted, would not only result in eligible applicants getting turned away but also reduces benefits. Specifically, 600,000 participants would be turned away and the current allocation of the CVB would be cut by 56 to 70 percent, reducing fruit and vegetable availability and consumption for 5 million participants.⁶



*Green data points represent monthly caseloads above projected level for FY 24 original projection. July 2023 is the most recent data available on national WIC participation.

BUILDING NUTRITION SECURITY

The Cash Value Benefit (CVB) for fruits and vegetables was introduced to the WIC food package in 2009, and has been a driver of increased fruit and vegetable consumption. Prior to 2021, WIC's fruit and vegetable benefit, known as Cash Value Benefit (CVB), was \$9-11 per participant per month. Since September 2021, Congress has worked on a bipartisan basis to align WIC's fruit and vegetable benefit with science-based recommendations.

"It would crush me. I rely on this assistance to keep my toddler on fresh fruits and vegetables. I am proud of how much he loves produce and feel that it is perhaps the healthiest part of his diet. With less money, I wouldn't be able to feed him as well."

*- Alex Spencer
Ithaca, NY*

Current levels of CVB are \$26/month for children and \$47-52/month for pregnant and postpartum participants. These targeted, science-based increases are based on a 2017 nutrition expert report that recommended CVB levels that would provide half of DGA-recommended intake.⁷ USDA is reviewing public comment on its proposed updates to the WIC food packages, which would make this increase permanent. Enhanced fruit and vegetable benefits support more than 5 million WIC participants (3.6 million children and 1.5 million pregnant women and new moms).¹



This increase is associated with improved consumption of fruits and vegetables among WIC-enrolled toddlers⁸, enhanced variety of fruit and vegetable purchases⁹, and higher total purchases of fruits and vegetables by WIC families.¹⁰ Consistent with WIC's mission of building healthier eating patterns, NWA supports recent USDA proposals to make these amounts permanent. Congress must act to sustain these science-based recommendations that support fruit and vegetable consumption in program funding.

HIGHER FOOD COSTS

In addition to higher participation, WIC funding is also impacted by the higher food costs. With the exception of the CVB to provide fruits and vegetables, WIC foods are issued by quantity to ensure that participants access the nutritionally recommended amounts of prescribed foods, including dairy, eggs, seafood, and whole grains. As a result, WIC absorbs the costs of rising prices.

In nearly fifty years of program operations, Congress has *never* cut WIC benefits to accommodate growing participation or provide adequate funding.

WIC ACCESS IS AT RISK

If Congress does not adequately fund WIC, providers would have to institute waiting lists for the first time in three decades, since President Bill Clinton and Speaker Newt Gingrich worked together to assure full funding for WIC. New applicants and existing participants would be quickly impacted by a funding shortfall.

Per federal regulations, non-breastfeeding postpartum women would be the first to be triaged from the program, amidst an ongoing national maternal health crisis. Preschool-aged children would then be the next excluded from WIC support.

WIC's vital nutrition services are critical in building healthier outcomes and seeing families through the transformative periods of pregnancy, childbirth, and early childhood. Inadequate funding could lead to a spike in hunger rates among WIC's at-risk target population, while also reversing progress in improving dietary quality, closing health disparities, and boosting health outcomes for young children.

Failure to adequately fund WIC could send thousands of new moms and toddlers to waiting lists, taking healthy food from their mouths. Congress must fund WIC and avoid breaching its ongoing commitment to fostering a healthier next generation

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