



# CHILD NUTRITION REAUTHORIZATION: WIC PROVISIONS IN THE HEALTHY MEALS, HEALTHY KIDS ACT

## NWA RECOMMENDS:

Congress should reauthorize WIC and other child nutrition programs before the end of 2022 to integrate lessons learned while operating services during COVID-19.

In 2010, the Healthy, Hunger-Free Kids Act made investments and program improvements in child nutrition programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Repeated attempts to build on this legislation and once again reauthorize WIC and child nutrition programs have proven unsuccessful, including efforts in 2015 and 2019.

The need for reform has compounded as child nutrition programs navigated COVID-19, adapting to deliver remote and modified services. Legislative action is urgent as several programs rely on short-term flexibilities that are likely to expire at the end of the public health emergency, including WIC waivers first granted under the Families First Coronavirus Response Act.

Modified WIC services, including remote certifications, have reversed longstanding trends and enhanced program access. As of March 2022, WIC sustains a 10 percent increase in child participation since the beginning of the pandemic. Congress must incorporate lessons learned during COVID-19 to modernize programs and ensure that no child goes hungry.

On July 19, Chairman Bobby Scott (D-VA) of the House Education and Labor Committee introduced the Healthy Meals, Healthy Kids Act. This bill constitutes one of the most comprehensive legislative efforts to improve access to healthy foods for young children in at least five years.



## THE HEALTHY MEALS, HEALTHY KIDS ACT

### WHAT IS THIS BILL?

The Healthy Meals, Healthy Kids Act is a bill proposed by Chairman Bobby Scott (D-VA) of the House Education and Labor Committee and Civil Rights and Human Services Subcommittee Chair Suzanne Bonamici (D-OR). The bill would reauthorize critical child nutrition programs, including WIC, the Child and Adult Care Food Program (CACFP), school meals, and summer feeding programs. The legislation incorporates several bipartisan ideas, including five bipartisan bills focused on WIC program improvements.

### WHAT ARE THE MOST CRITICAL WIC PROVISIONS IN THE BILL?

The bill would expand access to WIC's effective nutrition support by extending postpartum eligibility to two years for nearly 900,000 participants and extending child eligibility to age six or the beginning of kindergarten for nearly 500,000 participants. The bill also modernizes WIC services, especially by permitting phone or video certification options beyond the COVID-19 pandemic.

### DOES THIS BILL EXTEND WIC'S FRUIT AND VEGETABLE BUMP?

Since April 2021, over 1.8 million WIC participants have received enhanced fruit and vegetable benefits. USDA is set to revise the food package in fall 2022 through an independent, science-based process (first codified in the Healthy, Hunger-Free Kids Act) in the fall of 2022. To preserve the scientific basis of WIC's healthy food benefit, this bill does not include any food package provisions.

## ENHANCING WIC ACCESS AND STREAMLINING CERTIFICATIONS

### HOW WOULD THIS BILL EXPAND WIC ELIGIBILITY?

Section 302 would extend eligibility for postpartum and child participants. The bill would extend postpartum eligibility from six months (for non-breastfeeding participants) or one year (for breastfeeding participants) to two years, while also extending child eligibility from the fifth birthday to age six or the beginning of full-day kindergarten. Both of these provisions draw from the bipartisan Wise Investment in our Children Act.

### WHY SHOULD WIC EXTEND POSTPARTUM ACCESS?

The United States has worse maternal health outcomes than comparable nations, with entrenched racial disparities that impact Black, Latino, and Indigenous women. Over 60 percent of WIC participants have more than one child. Sustained maternal nutrition and targeted counseling to support mothers in the inter-pregnancy interval helps women replenish nutrients after pregnancy, mitigate chronic diet-related conditions like obesity, and supports healthier subsequent pregnancies, which in turn reduces the risk of adverse pregnancy outcomes like preterm birth, low birthweight, miscarriage, or infant mortality. Nearly 900,000 women would benefit from extended postpartum eligibility.

### HOW WILL POSTPARTUM ELIGIBILITY EXTENSIONS AFFECT BREASTFEEDING SUPPORT?

In June 2022, the American Academy of Pediatrics (AAP) formally recommended that mothers breastfeed for two years or longer. WIC works to address income- and race-based disparities in breastfeeding rates, with WIC infants being 12.5 percent less likely to ever breastfeed and 36.2 percent less likely to be breastfeeding at six months than the general population in the United States. In 2004, Congress extended eligibility for breastfeeding women to encourage improved duration. The additional six months of postpartum eligibility for breastfeeding mothers in current law plays a critical role in supporting the nutritional needs of a breastfeeding woman, but it is not a sufficient incentive to overcome societal barriers to breastfeeding success. The benefits of sustained maternal nutrition support in the inter-pregnancy interval outweigh the loss of a structural breastfeeding incentive while still aligning with medical guidance to support breastfeeding for two years.

### WHY SHOULD WIC EXTEND CHILD ELIGIBILITY?

Under current law, children cease to be eligible for WIC on their fifth birthday; however, more than half of children enter full-day kindergarten at least six months after their fifth birthday. These children may go months without any nutrition support, as they are not yet eligible for school meals programs. The disruption to sustained nutrition support is associated with increased food and family economic insecurity, which could affect early educational outcomes. Nearly 500,000 children would benefit from targeted extensions to support ongoing eligibility until age six or the beginning of full-day kindergarten.

## BIPARTISAN WIC BILLS INCLUDED IN THE HEALTHY MEALS, HEALTHY KIDS ACT

- **Wise Investment in our Children Act (WIC Act) (H.R. 2011)**  
*sponsored by Reps. Rosa DeLauro (D-CT) and Jenniffer González-Colón (R-PR)*
- **WIC for Kids Act (H.R. 4455)**  
*sponsored by Reps. Jahana Hayes (D-CT) and Jenniffer González-Colón (R-PR)*
- **MODERN WIC Act (H.R. 6781)**  
*sponsored by Reps. Andy Levin (D-MI), Jaime Herrera Beutler (R-WA), and Lucille Roybal-Allard (D-CA)*
- **Healthy Beginnings Act (H.R. 7603)**  
*sponsored by Reps. Lucy McBath (D-GA), Lisa McClain (R-MI), Andy Levin (D-MI), and Mariannette Miller-Meeks (R-IA)*
- **Supporting Healthy Outcomes for Mothers and Infants Act (H.R. 5934)**  
*sponsored by Reps. Kathy Manning (D-NC), Glenn Thompson (R-PA), David Trone (D-MD), Brett Guthrie (R-KY), and Ann Kuster (D-NH)*

### HOW WOULD THIS BILL STREAMLINE WIC CERTIFICATIONS?

Section 303 would redefine physical presence to allow for remote certification options while preserving WIC's public health character. Section 302 would permit automatic certification of infants, extend certification periods to two years, allow for family certifications, reduce inquiries to individuals eligible for recertification, and permit temporary certifications. Section 301 would enhance adjunctive eligibility to partner with other programs that serve children to reduce administrative burden. Section 304 would reduce paperwork by allowing States to accept a single document or electronic forms to establish eligibility.

### WHY ARE WIC CERTIFICATIONS COMPLICATED?

WIC certifications are the initial appointment to determine program eligibility. Participants are certified on an individual basis for a period of no more than a year, meaning that a mother and her child participating in the full length of the program will be certified at least seven times. Current law requires certification appointments to be conducted in-person, and an applicant must bring all supporting documentation - including for income, identity, and residency - to the clinic in order to be issued benefits.

Repetitive, in-person certification appointments are a barrier to sustained participation. Approximately 30 percent of participating infants drop off WIC before their first birthday and child participation continues to decline until only one-quarter of eligible 4-year-olds are served. Remote options offered during COVID-19 are associated with a 10 percent increase in child participation, with a survey of 26,000 WIC participants conducted in fall 2021 indicating that remote options resolve persistent barriers such as lack of transportation, work schedules, and childcare.

## WHAT IS THE BENEFIT OF STREAMLINING CERTIFICATION?

Before the COVID-19 pandemic, WIC served only 57 percent of the eligible population - including only 45 percent of eligible children age 1-4. The decline in WIC's reach among eligible children occurred at the same time that healthier WIC options were demonstrated to increase dietary quality and reduce obesity among WIC-enrolled toddlers. Easing certification and recertification challenges is not only about improving customer service and reducing administrative costs, but also is an essential step to improving children's diets and reducing long-term healthcare costs.

## HOW WILL REMOTE CERTIFICATIONS WORK?

Building on proposals in the bipartisan MODERN WIC Act, this bill would require WIC providers to offer certifications, recertifications, and nutritional risk assessments through different platforms: including in-person, video, and phone. This is a departure from the pre-COVID model, which required in-person appointments, but modernizes WIC to reflect standard intake procedures in healthcare settings.

Remote certifications would restore the nutritional risk assessment, which has been deferred by COVID-related waivers. Although more than half of WIC participants establish nutritional risk through dietary risks, such as failure to meet nutrient intake aligned with the Dietary Guidelines for Americans, WIC nutritional risk assessments can screen for anthropometric and biochemical risks that can necessitate medical follow-up, such as iron-deficiency anemia and failure to thrive.

WIC's health screenings are a core public health service and should continue to be offered at community-based WIC clinics. However, enhanced coordination with healthcare providers can reduce duplicative tests and in-person appointments. Health screenings conducted by a physician should be shared with WIC clinics and used to establish nutritional risk without requiring an additional trip to a WIC clinic. The bill would provide a 90-day window to produce relevant health metrics after certification.

## WHAT CHECKS REMAIN IN PLACE FOR FAMILIES THAT OPT FOR A REMOTE WIC EXPERIENCE?

This bill empowers WIC providers to offer options for WIC families, including remote appointments. Even for families that maximize video or phone opportunities, WIC conditions ongoing participation upon required health screenings that must be completed either at a WIC clinic or in a healthcare setting. The health screenings will ensure that a healthcare or public health worker has eyes on participants, accounting for both the health and welfare of the child.

Additionally, WIC is increasingly leveraging other State systems to automatically verify participant eligibility. Over 77 percent of participants can establish eligibility through participation in another program like Medicaid. This bill requires WIC providers to utilize State systems to confirm income eligibility at recertification in lieu of requiring participants to furnish documentation, reducing paperwork and removing another barrier to sustained participation.

## WHEN WOULD RECERTIFICATIONS HAPPEN?

This bill would extend certification periods to two years for infants and children. Instead of annual recertifications, these appointments would fall on the child's second and fourth birthdays. The bill extends pregnant participation to 90 days postpartum, providing more flexibility for new mothers to recertify as either a breastfeeding or (non-breastfeeding) postpartum participant. Postpartum certifications would last for the full two years of eligibility. Longer certification periods would not undermine WIC's public health efforts, as USDA could require nutrition risk evaluations within a single certification period to assess for specific health risks, such as screening for iron deficiency.

## HOW WOULD FAMILY CERTIFICATIONS WORK?

Certification periods are not always aligned among family members, especially when the mother of a WIC-enrolled child once again becomes pregnant. Promoting alignment eases paperwork burdens on families, reducing the amount of times in which a single family must verify income and residency. This bill would permit WIC providers to restart certification periods of enrolled participants to promote alignment of certification periods with family members.

## HOW WOULD ADJUNCTIVE ELIGIBILITY BE ENHANCED TO STREAMLINE CERTIFICATIONS?

Introduced in 1989, adjunctive eligibility has reduced barriers to access and administrative expenses by streamlining income eligibility. Over 77 percent of WIC participants utilize adjunctive eligibility to waive the income test, largely through their participation in Medicaid. Under current law, participants may waive the income test if they participate in SNAP, Medicaid or TANF, if a pregnant woman or infant in their household participates in Medicaid, or if anyone in their household participates in TANF. Competing standards for adjunctively eligible programs are challenging to administer and should be streamlined to waive the income test if anyone in their household is enrolled in SNAP, Medicaid, or TANF.

Additional adjunctively eligible programs can promote partnerships that encourage retention of child participants. Several State agencies already authorize Head Start and the Children's Health Insurance Program (CHIP), but federal action will strengthen linkages between these programs. Designating the Food Distribution Program on Indian Reservations (FDIPR) and nutrition block-grant programs for territories like Puerto Rico, American Samoa, and the Northern Marianas Islands as adjunctively eligible programs will address inequities and streamline access for those living in tribal communities or territories.

## WHEN WOULD THE ELIGIBILITY EXPANSIONS AND EXTENDED CERTIFICATION PERIODS TAKE EFFECT?

The bill is structured to provide State WIC Agencies with an implementation window for eligibility expansions and extended certification periods, recognizing the systems changes and funding streams will need to be established to accomplish these reforms. The bill sets a target of fully implementing these reforms by October 1, 2026.



# MODERNIZING WIC'S QUALITY NUTRITION SERVICES

## HOW DOES THE BILL INVEST IN WIC TECHNOLOGIES?

Section 303 establishes a \$90 million annual fund to support WIC technology investments, including for WIC Management Information Systems (MIS), secure channels to share electronic health information, and sharing data across WIC, SNAP, and Medicaid to streamline enrollment. Section 313 includes new funding flexibilities to simplify State budgeting and spending on multi-year technology projects, which have become more common as WIC has leveraged its digital footprint to connect with eligible participants and modernize program services.

## WHAT ARE MANAGEMENT INFORMATION SYSTEMS (MIS) AND WHY DO THEY NEED TO BE IMPROVED?

MIS is a WIC State Agency's central system, which manages participant information, health records, and food package specifications for benefit issuance. Digital tools, such as online nutrition education modules and mobile apps to streamline the shopping experience, must be interoperable with State MIS to meaningfully enhance the participant experience. Although every State is responsible for administering its own MIS, USDA has encouraged multi-state models in the past to promote cross-State coordination and streamline interoperability with systems outside of the WIC space, including retailer online platforms and State systems for other programs like SNAP and Medicaid.

## IS MIS THE ONLY WIC TECHNOLOGY THAT NEEDS INVESTMENT?

As WIC increasingly modernizes services, a more expansive set of technologies is needed. Digital tools and platforms can be utilized to streamline certification (e.g., document uploader tools, pre-applications, participant portals), provide remote nutrition services (e.g., online nutrition education modules, mobile breastfeeding apps), and enhance benefit redemption (e.g., online shopping platforms, mobile shopping apps). The Healthy, Hunger-Free Kids Act only provided annual investments in WIC MIS, but this bill would expand technology funding available to State agencies to support the broad range of digital tools needed to modernize WIC services.

## HOW WILL WIC UTILIZE ELECTRONIC HEALTH RECORDS?

As WIC leans on remote or hybrid service models, new and deeper partnerships with healthcare providers is essential to fulfilling WIC's public health mission and ensuring that no child falls behind on critical health assessments. Building secure communications channels between WIC clinics and healthcare providers will ensure that WIC staff can verify certain anthropometric and biochemical health metrics, such as hemoglobin levels, heights, and weights. This information can be utilized to establish eligibility for the program, inform individualized nutrition counseling, and support tailored issuance of healthy food benefits. WIC

can also provide information collected at clinic sites to healthcare providers, presenting a more complete record to assure coordinated care for families with young children.

## WHAT IS THE VALUE OF MEASURING MEDICAID AND SNAP CROSS-ENROLLMENT?

WIC enhances the nutrition and health of participating families, providing a vital supplement and complement to SNAP and Medicaid's core missions. Although Congress has streamlined eligibility requirements across programs, there are many families that may not know or are otherwise limited from accessing WIC even though they participate in SNAP and Medicaid. As WIC works to reach its full eligible population, data matching and targeted outreach can better inform State efforts to support low-income families.

## HOW WILL FUNDING FLEXIBILITIES SUPPORT MODERNIZING WIC?

Steps to introduce new participant-facing technologies may require multi-year projects to overhaul MIS, which was seen in the last decade as States adopted EBT transaction technology. Spend-forward authorities - the ability to advance funding into the next fiscal year - could be strategically utilized to support planning and development of technology projects. Adjusting the spend-forward calculations will ensure States have more capacity to advance funds into the next fiscal year, especially for smaller State agencies.

## HOW WILL THE BILL STRENGTHEN WIC'S NUTRITION AND BREASTFEEDING SERVICES?

Whether WIC services are provided remotely or in-person, the program's nutrition education and breastfeeding services are the heart of WIC's public health success. Section 309 authorizes and expands the Breastfeeding Peer Counselor Program. Section 306 will support WIC efforts in providing breastfeeding supplies for new mothers. Sections 305 and 317 will ensure WIC agencies have access to uniform nutrition education materials for issues of key concern, specifically food allergies and substance use disorder.

## WHY SHOULD THE BREASTFEEDING PEER COUNSELOR PROGRAM BE AUTHORIZED?

WIC agencies have employed peer counselors to support and encourage breastfeeding since the 1980s, but Congress first invested in a federal peer counselor program in 2004. Peer counselors are drawn from the local community and have direct experience with WIC services, helping to bridge cultural and socioeconomic divides. Peer counselors, complemented by WIC's credentialed staff, are associated with increases in breastfeeding initiation, duration, and exclusivity, and have shown success in closing racial disparities, particularly for Black mothers. Since 2004, peer counselors were funded through appropriations, but this program has now matured within WIC. By formalizing peer counselors and expanding investment, WIC breastfeeding staff can better support mothers in reaching their goals, including by engaging families in key settings like hospitals, physician offices, and home visiting programs.

## WHAT FUNDING FLEXIBILITY IS PROVIDED TO SUPPORT BREASTFEEDING?

In addition to authorizing the Breastfeeding Peer Counselor Program, this bill would double the investment to ensure that WIC agencies can support more full-time positions and increase placements outside of clinic. Peer counselors can also learn and grow through their work, entering and diversifying the pipeline of nutrition professionals as they obtain higher credentials in nutrition or lactation support. NWA is supportive of efforts to build career pathways into the Peer Counselor Program, developing a more robust and diverse lactation support profession to help all mothers reach their breastfeeding goals.

The bill also provides targeted funding flexibility to ensure that breastfeeding supplies can be purchased with food funds. Congress has already allowed for breast pumps to be purchased with food funds, recognizing the critical role of pumps in delivering food to babies. Additional supplies, like nipple shields and breast pads, should be procured in a similar manner.

## WHY DO WIC AGENCIES NEED NEW NUTRITION EDUCATION MATERIALS?

Every day, WIC providers tailor nutrition education for participating families to address individual concerns. Even as WIC counseling adapts to new formats, including phone and video, it is essential that WIC nutrition educators are prepared with accurate, timely, science-based materials. Especially in light of the newest edition of the Dietary Guidelines for Americans (DGAs), USDA is better positioned than State agencies to craft nutrition education materials on priority issues and consult with scientific experts across government - including at the Centers for Disease Control and Prevention (CDC) - to assure the quality of new materials. This bill calls for the development of materials related to food allergies and substance use disorder.

## WHY IS THERE A FOCUS ON FOOD ALLERGIES?

The DGAs issued in December 2020 included the first-ever national recommendations for early life stages such as pregnancy, lactation, and early childhood. The DGAs included clear recommendations that infants should be introduced to potentially allergenic foods along with other complementary foods at six months. WIC is well positioned to educate new parents about this recommendation and support implementation of the DGA guidelines.

## WHY IS THERE A FOCUS ON SUBSTANCE USE DISORDER?

As the nation continues to face a public health emergency related to opioid use, WIC has increasingly responded to cases of neonatal abstinence syndrome (NAS). Researchers estimate that over 5,000 infants each year are hospitalized for NAS, which requires specific feeding interventions to support optimal health. WIC should have up-to-date resources reflecting the latest science to inform nutrition counseling for families facing substance use disorder, including opioid use, and the effects of substance use on pregnancy, fetal development, and infant feeding.

## IMPROVING THE WIC SHOPPING EXPERIENCE

### HOW DOES THE BILL HELP MOVE WIC TOWARD ONLINE SHOPPING OPTIONS?

Section 312 sets a target of ensuring that every State WIC agency has at least three vendors that accept online payments by October 1, 2025. The bill would also remove regulatory barriers to online shopping, including the cashier-presence requirement and limitation that favors brick-and-mortar vendors. Section 311 supports flexibility for above-50 vendors that cater to WIC participants.

### IS OCTOBER 1, 2025 AN ACHIEVABLE GOAL FOR ONLINE WIC?

As the Healthy, Hunger-Free Kids Act did to incentivize State shifts toward EBT technology, setting a target will give direction and urgency to both State programs and retailers. The USDA Online Ordering Pilot already has four projects in development, including with Walmart, that could echo lessons learned in SNAP online rollout to quickly scale up online shopping across the nation. Waiver authority under the American Rescue Plan Act, available through October 2024, ensures that State agencies can pursue their own projects, independent of the USDA pilot, to bring more retailers to the table.

### WHAT REGULATORY BARRIERS DOES THIS BILL ADDRESS TO FACILITATE ONLINE SHOPPING?

WIC vendor regulations still reflect a paper voucher model, as regulatory changes to facilitate EBT implementation did not holistically revise the relationship between a WIC agency and an authorized vendor. To unleash innovation that will support a modern WIC shopping experience, USDA must undertake a comprehensive review of vendor regulations, which is currently slated for regulatory action in late 2022. Until the regulatory process can unfold, this bill takes immediate steps to provide relief for the most burdensome regulations that inhibit equitable access for WIC families. These regulations include: a requirement that transactions be conducted in the presence of a cashier; inflexible means of authenticating a transaction; rules that limit home delivery options by requiring the transaction to occur at the same time as receipt of foods; limitations on remote benefit issuance; a requirement that authorized vendors be at a single, fixed location; and shorter vendor authorization periods than SNAP.

### HOW WILL THE RULES CHANGE FOR A-50 STORES?

A-50 stores provide dedicated service to the WIC population and conduct more than 50 percent of their business as WIC sales. In 2004, Congress enacted specific rules for A-50 vendors to assure program integrity. Within these rules, A-50 stores drive a significant share of transactions in States where they operate, including California and Texas. The bill would adjust the reimbursement rate and clarify that home delivery is permissible, paving the way for A-50s to develop online shopping options.

## HOW DOES THE BILL ENHANCE THE PARTICIPANT SHOPPING EXPERIENCE?

Section 303 clarifies that WIC agencies can remotely load benefits onto a participant's EBT card, reducing in-person requirements to receive benefits. Section 312 authorizes \$40 million in annual set-aside funding to improve the shopping experience, including through vendor liaison programs. Section 307 establishes emergency authority to support access to safe drinking water during emergencies.

## HOW DOES THIS BILL IMPROVE HOW PARTICIPANTS RECEIVE BENEFITS?

Historically, WIC participants received paper vouchers and would have to sign for these benefits at a clinic location every three months. With EBT technology, many State agencies have the technical capacity to remotely load benefits directly onto a participant's EBT card. This effort to streamline access to program benefits was implemented en masse during the COVID-19 pandemic, contributing to a 10 percent increase in child participation by removing in-person barriers to access. Although some State agencies do not yet have the technical capacity to remotely issue benefits, clarifying the authority for States to do so will inform systems development and encourage a nimbler, more accessible benefits model in the future.

## WHAT ARE VENDOR LIAISON PROGRAMS AND HOW ELSE CAN NEW FUNDING SUPPORT PARTNERSHIPS WITH RETAILERS?

Before the COVID-19 pandemic, State agencies increasingly developed vendor liaison programs to support the in-person shopping experience. Vendor liaisons, or shopper helpers, would be stationed part-time at retail store locations to help first-time participants navigate the in-person shopping experience, troubleshoot questions or concerns by store managers and cashiers, and, in some cases, deliver nutrition education. These programs are especially critical for immigrant and refugee populations that may have difficulty navigating shopper mobile apps or store signage. These programs are one of many potential innovations to strengthen the in-person shopping experience, which will remain a critical program focus even as online shopping options become available.

## HOW DOES THIS BILL ADDRESS INFANT FORMULA?

WIC families faced unprecedented challenges in early 2022 as Abbott recalled infant formula products and disrupted supply across the country. In addition to supply challenges, WIC families face barriers to choice through the successful cost containment contracting process, which generates \$1.7 billion in federal savings each year. Longer-term reforms to infant feeding are needed that elevate breastfeeding supports, restrict intrusive infant formula marketing practices, promote competition, and build resiliency into production. As USDA and its federal partners - including FDA and FTC - evaluate a more comprehensive federal response to infant formula, this bill builds on the bipartisan Access to Baby Formula Act by promoting competition in Section 308 and permitting flexibility to provide clean water during emergencies in Section 307.

## HOW WILL THIS BILL IMPROVE COMPETITION IN THE INFANT FORMULA SECTOR?

Even before WIC enacted competitive bid requirements, there were only a handful of large manufacturers that produced infant formula. Three companies tend to bid for WIC contracts - Abbott, Mead Johnson, and Gerber. In order to promote transparency and ensure that new manufacturers interested in competing for WIC have relevant information to prepare a bid, this bill requires USDA to establish an online source of information that would identify open bid solicitations and direct manufacturers to a relevant webpage where they could collect more information and submit their bids. This provision builds on the bipartisan Healthy Beginnings Act.

## WHY IS AN EMERGENCY WATER BENEFIT IMPORTANT FOR WIC FAMILIES?

In addition to being a critical beverage recommended by the Dietary Guidelines for Americans (DGAs), clean water is essential for safe preparation of infant formula. In times of emergency or disaster, access to clean water may be disrupted and jeopardize safe infant feeding practices, which could contribute to negative health outcomes and infant mortality. WIC providers have historically partnered with the Federal Emergency Management Agency (FEMA) or community partners to address infant feeding concerns during disasters, but this bill would provide authority for WIC providers to purchase and distribute safe drinking water to WIC participants - enhancing the program's role in supporting community infant feeding response.

## HOW DOES THIS BILL ADDRESS THE SHOPPING EXPERIENCE AT FARMERS MARKETS?

Section 316 modernizes the WIC Farmers Market Nutrition Program by permitting a central point-of-sale model (including token models), eliminating the cap on benefits, raising the floor on benefits to \$20/year, removing the state match requirement, increasing administrative funding to 3 percent, and allowing for CSAs to participate in WIC FMNP.

## HOW WILL MODERNIZING WIC FMNP IMPROVE PARTNERSHIPS BETWEEN WIC AND FARMERS MARKETS?

Although WIC can authorize farmers and farmers markets to transact the main WIC benefit, the partnership between WIC and WIC FMNP directs families to farmers markets and returns investment to the local farm economy. Removing barriers to establishing and sustaining WIC FMNP programs will bring in new states that have yet to establish a WIC FMNP program and engage new markets that have otherwise found WIC FMNP to be complicated to administer. WIC can further realize the potential of farmers markets by rolling out a nationwide electronic transaction solution, which has been developed and is being implemented in several States this season. Funding from the American Rescue Plan Act is essential in modernizing farmers market electronic transactions, with States intending to develop a unified system to transact both WIC fruit and vegetable benefits and WIC FMNP benefits.