



November 12, 2020

Dear President-Elect Biden:

Since 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has provided healthy food and quality nutrition services and breastfeeding support for millions of expectant and new parents, babies, and young children. WIC's vital role in assuring healthy pregnancies and positive child growth and development is even more pronounced in this unprecedented global health crisis, as hundreds of thousands of new families seek WIC assistance during the COVID-19 pandemic.

The National WIC Association (NWA) is the non-profit education arm and advocacy voice representing WIC, the approximately 6.3 million current participants, and the nearly 10,000 service provider agencies who are the frontlines of WIC's public health nutrition services. For over three decades, NWA has worked to build bipartisan and broad-based support for WIC's programmatic goals and public health mission. As your transition team establishes priorities for the 117th Congress and the U.S. Department of Agriculture (USDA), NWA recommends the following steps to enhance WIC services:

- **Enhance WIC's Response to COVID-19:** WIC agencies have reported an increase in caseload since February 2020, with some states (California, Kentucky, New Hampshire, North Carolina, and South Carolina) reporting double-digit increases. This reverses a nearly decade-long trend of participation declines.
- **Continue WIC Administrative Flexibilities:** WIC agencies have been responsive to continued need by adapting to remote or modified services and providing a broader array of food options for WIC shoppers. These flexibilities are made possible by USDA-approved waivers under the Families First Coronavirus Response Act. As of September 21, USDA waivers [are now approved](#) up to 30 days after the expiration of the national public health emergency declaration. Under the continuing resolution approved on September 30, USDA has additional authority to issue waivers through September 30, 2021. Assuring remote access, though, is not simply a pandemic necessity. It is critical to modernizing WIC and meeting clients where and how they are most keen to access services. If WIC is to continue to have significant health and nutrition impacts, it will need to meet clients where they are – on their mobile and other remote devices.
- **Increase WIC Fruit and Vegetable Purchases:** Both the May and September versions of the HEROES Act included a [bipartisan provision](#) to temporarily triple WIC's Cash Value Benefit for fruit and vegetable purchases. The bill would increase the CVB from \$9 or \$11/month to \$35/month for pregnant, postpartum, and child participants. The bill would only permit this provision for a three-month period. Increased fruit and vegetable consumption is known to improve health outcomes. NWA recommends extending this provision to at least six months. Full utilization of this benefit would cost approximately \$140 million in discretionary spending per month.

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- **Assure Adequate Funding in FY 2021:** In recent years, WIC funding has decreased based on projections of caseload decline. With increased caseload and an even more urgent emphasis on technology and administrative spending, Congress should provide more robust funding for the program. The Senate FY 2021 bill recommends flat-funding from fiscal year 2020 and does not provide any set-aside funding for WIC technology projects. In emergency legislation, Congress provided \$500 million for WIC in the Families First Coronavirus Response Act. Both versions of HEROES included WIC funding – \$1.1 billion in May and \$400 million in September.
- **Swiftly Implement Necessary Program Reforms through USDA Action:** While WIC did not sustain direct harmful attacks under Secretary Sonny Perdue, USDA has ignored or delayed much-needed reforms for the past four years. In the first one hundred days, USDA can take swift action to implement much-needed program reforms.

 - **Establish a USDA Task Force on Online Purchasing:** USDA has the authority to pursue online purchasing solutions for WIC consumers, but has done little to engage retailers and advance improvements to the WIC shopping experience. With the SNAP online purchasing pilot – mandated by the 2014 and 2018 Farm Bills – rapidly scaled up to provide options during COVID-19, the disparity in transaction models poses equity concerns for WIC shoppers. [Bipartisan legislation](#) in Congress – folded into HEROES 2.0 – would require USDA to establish a task force and issue recommendations on next steps by no later than September 30, 2021.
 - **Adopt the 2017 NASEM Recommendations to Improve WIC’s Food Package:** Under the Healthy, Hunger-Free Kids Act, USDA is obligated to review the available foods provided by WIC for nutritional quality every decade. In January 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) issued a thorough report recommending a suite of improvements to the WIC food packages. USDA has delayed review, pending the issuance of the 2020-2025 Dietary Guidelines for Americans (DGAs). USDA need not wait for the final DGA report and can initiate the rulemaking process based on the 2017 NASEM recommendations within the first one hundred days.
 - **Revive dedicated WIC technology funding in the FY 2022 President’s Budget.** The Healthy, Hunger-Free Kids Act of 2010 recognized that technology plays an integral role in administering WIC services by providing \$35 million in annual set-aside funding for WIC Management Information Systems (MIS). The set-aside was discontinued as separate funding was provided to facilitate the program’s transition to electronic-benefit transfer (EBT) transactions. With EBT transition wrapping up, the President’s Budget should encourage Congress to revive the annual set-aside, permitting states to replace outdated equipment and invest in improvements that will actualize long-delayed streamlining priorities and innovations.
 - **Reconvene the National Advisory Council on Maternal, Infant, and Fetal Nutrition.** Established by 42 U.S.C. § 1786(k), the National Advisory Council has not met since 2017. The Advisory Council creates an opportunity for federal departments – including USDA and the Department of Health and Human Services (HHS) – to develop programmatic recommendations in consultation with key WIC stakeholders including state and local WIC providers, retailers, and others. The

Administration would benefit from increased dialogue with the WIC provider community as USDA identifies steps to improve service delivery and strengthen linkages with pediatricians and other healthcare providers.

- **Prioritize Child Nutrition Reauthorization:** Congress has not passed statutory reforms for WIC and other child nutrition programs since the Healthy, Hunger-Free Kids Act of 2010. Often, child nutrition legislation defers to the Farm Bill process, which is due to begin again in 2022. There is a narrow window to advance a meaningful child nutrition bill, and we urge the Administration to prioritize this process to address long-delayed reforms and inequities that are only exacerbated by the challenges of COVID-19.

Key reforms for WIC include: expanding access for postpartum and child participants, relaxing in-person clinic requirements to permit telehealth technologies, advancing online shopping solutions, simplifying the certification process to remove unnecessary barriers to participation, resolving longstanding issues within the funding formula, and investing in WIC's technology infrastructure and public health services.

- **Leverage WIC Services in Healthcare Reform:** WIC is distinguished from the other USDA nutrition programs by providing public health services and programming. These efforts could be strengthened by new flexibilities and investments included as part of broader healthcare reform legislation. Increased linkages between WIC providers and physicians will only improve health outcomes for mothers and babies and reduce overall healthcare costs and expenditures.
 - **Connecting WIC to Health Information Technology:** Both pediatricians and WIC providers measure the growth of infants and children, with WIC providers also providing testing for hemoglobin and, in some cases, lead screenings. This information is rarely shared in a formal manner. USDA and HHS should coordinate efforts to scale up a national platform to interface WIC Management Information Systems (MIS) with health information technology providers.
 - **Expanding WIC Dietitian Services by Referral:** WIC's nutritionist workforce, staffed largely by Registered Dietitians, is trained to provide a number of clinical dietetic services, including medical nutrition therapy and diabetes prevention. Some WIC agencies have successfully implemented models to bill Medicaid for non-WIC nutrition services, although there are few models of billing private health plans. Congress should reduce barriers to having credentialed WIC staff provide clinic nutrition services as specialists by referral.
 - **Investing in Continuity of Care Committees:** Gaps in healthcare and health supports during the perinatal period could have a disastrous effect on the health of the mother and the child. Hospitals, primary care physicians, and community health stakeholders like WIC, home visiting programs, and breastfeeding support should convene as continuity of care committees (CCCs) to take steps to improve the delivery of healthcare in the hospital's service area. Similar to legislation that empowered state maternal mortality review committees, Congress can establish grant funding to establish and strengthen CCCs.

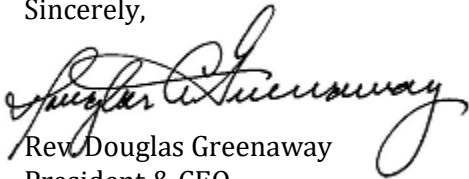
- **Pursue Legislation to Aid Pregnant Persons and New Parents:** WIC's quality nutrition services have a profound effect on the health of pregnancies, but a wide range of societal factors can also impact pregnancy outcomes and the long-term economic security of the family. NWA endorses a wide range of legislative efforts to improve maternal health, including:
 - **[Pregnant Workers Fairness Act:](#)** Bipartisan legislation to provide reasonable accommodations for pregnant workers. Increased flexibility in the workplace can reduce pregnancy complications and support breastfeeding outcomes. This legislation passed the House of Representatives in September 2020 by a vote of 329-73.
 - **[Helping MOMS Act:](#)** Bipartisan legislation to permit states to expand Medicaid's postpartum eligibility from 60 days to one year. Previous drafts of this bill provided incentives to state Medicaid programs to enact this option, which would greatly improve access to healthcare for new mothers. This legislation passed the House of Representatives in September 2020 by voice vote.
 - **[Black Maternal Health Momnibus:](#)** Comprehensive legislation (a set of nine bills) to address persistent maternal health disparities, which result in Black mothers being at least three times more likely to die from pregnancy complications than white mothers. Three provisions directly related to WIC services: (1) an expansion of WIC's postpartum eligibility to two years; (2) educational diversification grants to improve the pipeline for nutritionists, dietitians, and lactation consultants; and (3) bias and discrimination trainings for WIC providers.
 - **[PUMP for Nursing Mothers Act:](#)** Bipartisan legislation to close the coverage gap for reasonable break time for pumping or nursing. Approximately one in four women of childbearing age are not covered by existing workplace law, which was adopted as part of the Affordable Care Act.
 - **[FAMILY Act:](#)** Bipartisan legislation to establish a comprehensive, national paid family and medical leave insurance program. Approximately 81% of workers do not have access to paid family leave, which would permit parents to care for their newborn babies and increase immunizations, breastfeeding rates, and access to medical care and check-ups.
- **Expand Access to Safety Net Programs:** Many federal programs are proven to either lift families out of poverty or address consequences of poverty, such as hunger. Decades-old and more recent barriers to access only serve to stigmatize federal assistance and deter target populations from receiving essential aid. The Administration should commit to expanding access to federal programs and efficiently leveraging federal resources to assist marginalized communities.
 - **Reverse the 2019 Public Charge Rules:** One of the more egregious actions taken by the Trump Administration, the 2019 public charge rules issued by the Departments of Homeland Security and State penalize immigrants if they access certain programs, including Medicaid, SNAP, and housing subsidies. These rules had a significant chilling effect, discouraging immigrants from accessing a wide range of

federal programs, even if the program (like WIC) was explicitly exempted from public charge rule.

- **Eliminate barriers to immigrant participation.** The public charge rules flow from the 1996 reforms to public benefit programs and immigration, which placed new barriers on immigrant participation. Many of the initial restrictions were soon watered down – i.e., in the 2002 Farm Bill and 2009 CHIPRA. Recognizing that immigrants are part of our communities, often parents of U.S. citizen children, and that access to federal programs can improve overall health outcomes and economic output, many of these restrictions should be eliminated. Most notably, Congress should eliminate the state discretion to deny WIC services to otherwise eligible immigrant parents under 8 U.S.C. § 1615(b).
- **Evaluate the Federal Poverty Guidelines:** The Federal Poverty Guidelines (FPGs) are utilized by many programs, including WIC, to determine income-eligibility. The FPGs are often not an accurate indicator of economic insecurity and can wildly underestimate economic difficulty in areas with high cost-of-living. The White House should review the FPGs and pursue changes to expand the FPGs, accounting for variations within states of cost-of-living.

For every dollar invested in WIC services, our program returns \$2.48 in medical, educational, and productivity costs. WIC's effective services can only be complemented by commitments from your Administration and Congress to implement long-delayed reforms, streamline services, and enhance integration with healthcare providers. We strive every day for a nation that provides for healthy pregnancies, healthy babies, and healthy futures for children. We look forward to partnering with your Administration to advance that vision in the next four years.

Sincerely,



Rev. Douglas Greenaway
President & CEO
National WIC Association