



**National WIC Association**  
Your child has you. And you have WIC.



## 2015 WIC Reauthorization Legislative Agenda

As the nation's premier public health nutrition program, WIC is a cost-effective, sound investment—ensuring the health of our children.

**NWA'S MISSION**  
NWA inspires and empowers the WIC community to advocate for and promote quality nutrition services for all eligible mothers and young children, and assure effective management of WIC.

### WIC for A Healthier, Stronger America!

The Special Supplemental Nutrition Program for Women, Infants, and Children – WIC – has improved at-risk children's health, growth and development, and prevented health problems for over 40 years. **WIC children enter school Ready to Learn**, showing better cognitive performance.

WIC serves over 8.3 million mothers and young children, over half of all America's infants and one-quarter of its children 1–5 years of age. The United States Department of Agriculture (USDA) using National Research Council methodology estimates that there is significant unmet need and many WIC eligibles are unable to receive services with coverage rates ranging from a low of 44% to a high of 87%.

### Families Turn to WIC in Economic Crises

Families turning to WIC for nutrition assistance are vulnerable and at-risk. Economic crises compound their vulnerability, and access to WIC services is critical. WIC food packages and the nutrition services that accompany them ensure that WIC mothers and young children stay healthy.

### Quality Nutrition Services – at WIC's Heart

Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding counseling and education, nutritious foods, and improved health-care access for low and moderate income women and children with, or at risk of developing, nutrition-related health problems including overweight, obesity, and type-2 diabetes. WIC's

committed, results oriented, entrepreneurial staff stretch resources to serve the maximum numbers of women, infants, and children and ensure program effectiveness and integrity.

As the nation's premier public health nutrition program, **WIC is a science-based, rigorously studied, cost-effective, sound investment – ensuring the health of our children.**

### WIC is Strongly Bi-Partisan Supported

**Voters across Political, Ideological, Ethnic and Socio-Economic Groups Hold WIC in High Regard** – A vast majority of voters (69%) have a strongly favorable view of WIC ranking it just behind Social Security and Medicare and above National Defense; That favorability grows to 72% when voters learn more about WIC's nutrition and health services; Two-Thirds of voters, including a majority of Republicans view WIC as effective; By two-one voters oppose cutting WIC funding as a deficit strategy including independents, Hispanics, moms, and a majority of Republican women; Opposition to cuts remains strong after hearing strong arguments from both sides; The electoral risk of supporting cuts to WIC is greater than the reward – **Results of a 2012 Bi-Partisan Public Opinion Poll Conducted by American Viewpoint and the Mellman Group.**

### NWA Reauthorization Recommendations

#### Assuring WIC's Preventive Public Health Value

**Naming WIC for What it Delivers** – the Child Nutrition Act states that the Special Supplemental Nutrition Program for

Women, Infants, and Children (WIC) “shall serve as an adjunct to good health care, during critical times of growth and development, to prevent the occurrence of health problems, including drug abuse, and improve the health status of these persons.” The program’s purpose includes providing “supplemental foods and nutrition education, including breastfeeding promotion and support . . . .” WIC is more than a nutrition program. It is the gateway to health care for millions of mothers and young children providing referrals to prenatal and pediatric care, lead screening, oral hygiene, immunizations, smoking cessation, and abuse.

**NWA recommends:** *renaming WIC in Sec. 17. [42 U.S.C. 1786] the Special Supplemental **Public Health** Nutrition Program for Women, Infants, and Children and revising Sec. 17. [42 U.S.C. 1786] (a) to read “It is, therefore the purpose of the program . . . to provide, nutritious supplemental foods and nutrition **counseling and education including breastfeeding promotion and support . . . .** The program shall serve as gateway and adjunct to good health care . . . .”*

#### **Assuring Nutrition Services (NSA)**

**Funding** – adequate nutrition services administration (NSA) funding allows WIC staff to deliver quality nutrition services – the key to influencing and transforming eating habits and affecting the nation’s epidemic of obesity and overweight.

- ➔ NSA funding includes nutrition counseling and education, preventive, coordination, and referral services (e.g., prenatal and pediatric health care, oral health, social services), and promotion of breastfeeding and immunizations.
- ➔ In Fiscal Year 2012, total NSA funding amounted to 22.43% of the WIC appropriation with 15.23% for nutrition education, breastfeeding promotion, and other client services and only 7.20% for program management/administration.

- ➔ WIC’s administrative costs have remained at about 6-8% of total program costs for more than a decade. WIC agencies consistently implement cost efficiencies to assure administrative and program management savings.
- ➔ respond adequately to economic forecasts of rising food cost inflation
- ➔ provide funds for nutrition services to maintain clinic staffing and assure competitive salaries

**Adjunctive Eligibility** – enacted in 1989 to link WIC preventive services to other health and social service programs –

- ➔ enables WIC applicants to show proof of participation in SNAP, TANF, Medicaid, or certain State-administered programs to be automatically income-eligible for WIC. These programs already document applicants’ income relieving WIC of duplication of effort.
- ➔ supports program integrity, assures lower NSA and reduced administrative costs by reducing error, promoting clinic efficiency, streamlining paperwork, and improving coordination between WIC and other health and social services.
- ➔ decreases health care costs by preventing illness, developmental problems, and chronic diseases and assures the preventive public health value of WIC – healthy pregnancies, improved birth outcomes. WIC’s positive impact on the incidence of overweight and obesity, improved overall nutritional health and well-being of the nation’s at-risk mothers and young children – is well documented.

**Who is Adjunctively Eligible** – 74.6% of WIC participants apply for WIC through adjunctive eligibility. This includes infants, children and pregnant women in need of preventive nutrition services and access to healthful foods. Over 67% of WIC participants reside in families with income below the poverty level. In 2012, only 1.3% of WIC participants had income above

185% of the Poverty Guidelines.

#### **What Would be the Consequence of Capping Adjunctive Eligibility For WIC Clinics**

– Significantly increased administrative costs and paperwork with fewer health benefits as clinics in states with Medicaid eligibility above 185% would spend more time documenting income for all applicants, creating documentation redundancies, excess paperwork and driving up administrative costs.

**NWA recommends:** *protecting and preserving the current language in Sec. 1786 (h)(1)&(2) and in Sec. 1786 (d)(2)(A) (iii) and the current language in Sec. 1786 (c)&(d).*

#### **Protecting and Preserving the Integrity of the WIC Food Packages**

**Securing Science Based Decisions** – The nutritional value of the food packages and the types and kinds of food products included in the WIC food packages are and must remain science based and immune from politics and the legislative process. This assures public trust and confidence in the health and nutritional value of WIC foods. Congress supported NWA’s call for a regular scientific review of the WIC food packages, leading to recommendations from the National Academy of Sciences Institute of Medicine (IOM) to create healthier food packages by including fruits and vegetables, culturally appropriate foods, milk substitutes, low fat dairy products, and reduced quantities of eggs and juice in the food packages.

**NWA recommends:** *Congress support efforts to protect nutrition science and the regulatory and science review process. The IOM is currently undertaking a second review of the food packages, expected to be released in 2016, with a view to updating them to meet the 2015 Dietary Guidelines for Americans.*

## Enhancing the Quality of the Fully Breastfeeding WIC Food Package

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### Cash Value Vouchers for Fruits and Vegetable

The nutritional value of the food packages was revised and enhanced in 2009 with the addition of fruits and vegetables, as recommended by National Academy of Sciences Institute of Medicine (IOM). The Centers for Disease Control and Prevention, CDC, have advised that the 2009 revised and enhanced WIC food packages may have contributed to improved diets and a halt in the rise of obesity rates among low-income preschool age children. Women are provided a \$10 monthly fruit and vegetable cash value voucher and children \$8 monthly voucher. Assuring the continued nutrition and health benefits of the fruit and vegetable vouchers for mothers and children is critical to assuring improved health outcomes including impacts on obesity, early childhood diabetes, and other chronic nutrition related diseases.

Currently, cash value vouchers (CVV) are adjusted annually for inflation based on the Consumer Price Index for fresh fruits and vegetables, but the dollar value of the cash value vouchers is rounded down to the nearest whole dollar increment (except in instances when the dollar value would decrease). This approach fails to preserve the value of the food package. Should USDA continue to consistently round down, mothers and young children will be shortchanged over time.

**NWA recommends:** USDA round to the nearest dollar increment, rather than always rounding down. While CVV values have increased by \$2 monthly through legislative and regulatory changes, had those increases not occurred, the value of participants' vouchers would have eroded. By rounding to the nearest dollar increment, USDA can ensure that changes in the purchasing power of CVV's, as a result of inflation, balance out over time.

**Suggested language** – To Sec. 1786 (f)(11) add (D) “Cash Value Vouchers.—The Secretary, when adjusting annually for food cost inflation in the food package, shall round to the nearest dollar increment to maximize and preserve the value of the fruit and vegetable cash value vouchers.”

**Maintaining the Enhanced Value of the Breastfeeding Food Package** – In 2005, the Institute of Medicine (IOM) recommended an enhanced breastfeeding food package to encourage and support mothers who choose to fully breastfeed. USDA Food & Nutrition Service (FNS), in publishing its Interim Final Rule on the WIC Food Packages, correctly emphasized the distinction between the fully breastfeeding food package and other food packages for women when it set the fruit and vegetable cash value vouchers for this food package at \$2 above the value for other food packages for women. The fiscal year 2010 Agriculture Appropriations Act directed FNS to increase the fruit and vegetable cash value voucher for all women to \$10, eliminating that important distinction.

**NWA recommends:** To maintain the enhanced value of the fully breastfeeding food package, as recommended by the IOM and as proposed by FNS in the Interim Final Rule, the monthly cash value voucher benefit for fully breastfeeding women be increased by \$2 to \$12.

### Assuring Choice in the WIC Food Packages Promotes WIC Success

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WIC families should have access to similar choices as other U.S. families including national and private label brands, variety to encourage consumption and respect cultural preferences, and formats that align with family lifestyles.

Limiting a WIC mother's ability to choose the brands that best meet her family's nutritional and cultural needs coupled with knowing what foods her family will actually eat, has a definite impact on WIC

success. **Restricting brands, product variety, size or formats of approved foods – impacts enrollment, redemption, consumption and retention. In short – the foods available to families through WIC impact a WIC mother's willingness, decision, and ability to enroll in WIC, purchase and consume the nutritional foods provided by WIC, and remain in WIC.**

**NWA recommends:** Maximizing State flexibility to assure national and private label brand options to adequately and appropriately respond to consumer needs, cultural preferences, and family lifestyles.

**Suggested language** – To Sec. 1786 (f) (11) add (E) Consumer Choice Options.— “The Secretary shall maximize opportunities for state agency flexibility to assure adequate and appropriate consumer choice to meet consumer needs, cultural preferences and family lifestyles within the context of science based WIC food packages.

### Achieving Efficiencies, Coordinating Nutrition Services with Health and Safety Net Programs, and Saving Medicaid and Health Care Costs

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**Extending Certification Periods for Infants** –According to medical experts, the first two years of life are a key timeframe to invest in the health of a child. By allowing WIC certification for infants for up to two years, Congress has the opportunity to eliminate duplicative paperwork and focus WIC on health, nutrition, breastfeeding, immunization, and pediatric referral services that will make a significant difference in the lives of lower income infants and young children. This change will allow better nutrition services coordination, increase opportunities for nutrition intervention, as-

sure improved breastfeeding duration, improve coordination with healthcare services, reduce duplicative and invasive blood work for infants and toddlers, provide for more counseling time and time with high-risk infants and toddlers, and streamline and reduce paperwork for clients, clinics, and health care providers.

**NWA recommends:** giving States the option to certify infants for two years.

**Suggested language** – To Sec. 1786 (d)(3)(A) add (iv) “Infants.—A State may elect to certify infants for a period of 2 years.”

**Extending Certification Periods for Postpartum Women** – Medical professionals recognize that good maternal health prior to pregnancy is of vital importance to improving health outcomes for both mother and infant. Internatal care, the period between the birth of a woman’s child and until the birth of her next child, is now seen as a critical opportunity to improve the health of mothers and subsequent births. WIC’s vital services to postpartum non-breastfeeding women for six months and breastfeeding women for one year following delivery include: breastfeeding services, nutritious foods, nutrition counseling, health screenings, and resource referrals. WIC is uniquely positioned to continue these essential services for women during the later postpartum period and during future pregnancies.

**NWA recommends:** giving States the option to increase the certification timeframe for both breastfeeding and non-breastfeeding women to two years postpartum. Certification for the extended postpartum period may address crucial needs for the mother, infant, and potentially subsequent children during vulnerable life stages. These services include:

➔ **Nutrition counseling to assist**

**mothers in returning to their pre-pregnancy weights.** This service may decrease mothers’ risks for becoming overweight or obese later in life and the related health consequences of these conditions. Returning to a healthy weight status prior to a subsequent pregnancy reduces the risks of infant birth defects and low birth weight/prematurity, operative deliveries, and maternal complications such as gestational diabetes and gestational hypertension.

➔ **Breastfeeding support that includes peer and professional breastfeeding services.** The American Academy of Pediatrics recommends breastfeeding for at least one year and the World Health Organization recommends breastfeeding for at least two years. Breastfeeding support may improve breastfeeding outcomes, including initiation, duration, and exclusivity, and decrease risk for a myriad of adverse health outcomes associated with not breastfeeding or premature breastfeeding discontinuation. Increasing breastfeeding duration may also increase the duration of lactational amenorrhea, thus facilitating family planning and potentially increasing spacing between children to the 24 months recommended by the World Health Organization.

➔ **Nutrition counseling and provision of nutritious foods to reduce the risk of common nutrition deficiencies** in postpartum women, such as iron-deficiency anemia. In addition, nutrition counseling during this period may enable adequate intake of nutrients vital to a healthy subsequent pregnancy including folic acid to prevent neural tube defects. Folic acid is crucial for normal fetus development in the very early prenatal period, before many women are aware of their pregnancy and before they

may pursue WIC certification.

➔ **Resource referrals for services crucial to maternal and child health and the health of potential future pregnancies.** These include parenting education, substance abuse such as smoking cessation, mental health services such as postpartum depression, and intimate partner violence.

**Suggested language** – Revise Sec. 1786 (d)(3)(A)(ii) “breastfeeding women.—A State may elect to certify a breastfeeding woman for a period of 2 years postpartum.” To Sec. 1786 (d)(3)(A) add (v) “postpartum women.—A State may elect to certify a postpartum woman for a period of 2 years.”

**Extending Eligibility for Children** – WIC provides nutrition assistance to children up to age five at which point many enter public school where they may qualify for school breakfast and lunch programs that continue to supplement their intake of healthy food choices. A child’s birth date impacts their eligibility to enter school. A significant number of children remain ineligible well past their 5th birthday – sometimes for as much as a year. Continuing WIC nutrition services assures a continued strong health and nutrition foundation preparing children for school entrance, getting them ready to learn, reducing childhood obesity and other chronic diseases.

**NWA recommends:** extending eligibility for children to age six.

**Suggested language** – To Sec. 1786 (b)(2) revise to read: “‘Children’ means persons who have had their first birthday but have not yet attained their sixth birthday.”

## Improving WIC Infrastructure

WIC infrastructure funding has failed to keep pace with inflation and remained static at roughly \$14 million since 1999. WIC has responded entrepreneurially to limit clinic challenges by shifting from one month to three month food benefit issuance and where possible, extending clinic hours. WIC desperately needs to build capacity to reduce the risks of systemic problems. The current infrastructure funds level is small and has been inadequate to meet other essential program infrastructure needs. This has caused USDA to sacrifice the resource base on a single priority to the disadvantage of other infrastructure program needs including special project grants that help WIC State agencies demonstrate more effective ways of doing business. **NWA recommends:** *that infrastructure funding be unencumbered and increased from \$14 million to \$40 million.*

**Suggested language** – revise Sec. 1786 (h)(1)(J)(10)(A) to read: “In General.—For each of fiscal years 2016 through 2020, the Secretary shall use for the purposes specified in subparagraph (B), \$320 million. (B) Purposes.—Of the amount made available under subparagraph (A) for a fiscal year, not more than—(i) ‘\$40 million’ shall be used for . . . .”

## Enhancing Service Delivery Through Information Technology

**Improving the Use of Information Technology to Enhance Service Delivery and Building Management Information Systems (MIS)** – Technology provides a critical foundation for quality WIC services and Program Integrity. Funding WIC technology from existing resources compromises WIC’s

ability to deliver services and develop responsive MIS systems. Current limits on funding prevent roughly one in three WIC State agencies from meeting USDA core functions. To develop and maintain MIS and render systems electronic service delivery (EBT) ready – **NWA recommends:** *Congress provide an additional \$35 million annually in unencumbered funds outside the regular NSA grant to implement MIS core functions, upgrade WIC technology systems, maintain MIS and electronic services, render MIS systems EBT-ready.*

**Suggested language** – Preserve and protect paragraph (10)(B)(ii) of Sec. 1786 (i)(J) which reads: (B) (ii) “\$35,000,000 shall be used to establish, improve, or administer management information systems for the program, including changes necessary to meet new legislative or regulatory requirements of the program;” Revise paragraph (10)(A) of Sec. 1786 to read: “In General.—For each of fiscal years 2016 through 2020....”

## Moving WIC to Electronic Benefits Service Delivery by 2020

**Providing for a Participant and Vendor Friendly Electronic Benefits Service Delivery System (EBT)** – EBT is the most efficient, cost effective, green way of delivering participant benefits. **NWA** strongly supports the need for consistent, national standards for both on-line and off-line EBT technology solutions to assure systems integrity, ease of implementation, and service delivery effectiveness. **NWA** urges that State agencies have full choice in determining the EBT system that is most appropriate for a given State’s unique circumstances and encourages State agencies to partner collaboratively with their retail community to assure smooth implementation.

### WIC EBT assures program integrity

providing data on the type and amount of foods purchased, allowing for accurate rebate billing on infant formula, ensuring retailer claims do not exceed the shelf price, assuring secure transactions, timely and accurate claims, reducing resources spent on retailer compliance activities, monitoring and reconciling retailer overcharges, reducing forgery and fraud opportunities, increasing accountability, reducing paperwork, improving administrative efficiencies, and streamlining clinic operations increasing the time available for nutrition counseling and education.

### WIC EBT assures participants

convenience and the ability to purchase the full complement of food benefits within the valid period, through easy, quick, secure, discreet, confidential single transactions for all items purchased in a particular shopping trip, an accurate listing of benefits prior to and after shopping, increased time for nutrition education in the WIC clinic, and improved targeted nutrition counseling and education based on redemption patterns.

### WIC EBT assures retailers

participant purchases of only WIC-authorized foods, eliminates improper substitutions, reduces cashier error and the need for intensive training, provides for a secure, single transaction for all items purchased, allows for timely claims, settlements, fast and easy operation, reduced paperwork by eliminating paper food instruments, numerous activity reports, and more trips to the store by participants resulting in increased purchases.

**NWA recommends:** *that Congress provide at least \$50 million per year up to a total of \$219 million, to provide for the smooth transition of WIC service delivery from paper based systems to EBT systems, assuring State WIC EBT implementation by the close of fiscal year 2020.*

**Suggested language** – Add paragraph

(10)(B)(iv) to Sec. 1786 (i)(J) to read: “\$50,000,000 shall be used in each fiscal year up to a total of \$219 million to establish, improve, or administer implementation of electronic benefit service delivery systems for the program, including changes necessary to meet new legislative or regulatory requirements of the program;”

## Protecting WIC’s Limited Technology Resources

**Moving to an Electronic Benefit transfer (EBT) Environment** – Current law asks WIC to absorb a retail vendor’s costs of transition to an EBT environment. **NWA** does not believe that it was Congressional intent to have WIC serve as the payer of first intent for ongoing retail vendor WIC EBT costs.

**NWA recommends:** *Current law be amended to clarify that WIC is not expected to pick up the on-going costs of communications lines, processing fees, maintenance, and new and replacement equipment costs, and further that where an authorized vendor accepts both SNAP and WIC benefits that the vendor assume the incremental costs for EBT.*

**Suggested language** – Add paragraph (10)(B)(iv) of Sec. 1786 (h) to read: “Post State-Wide Rollout. – Subsequent to the successful completion of a state-wide rollout of an EBT system, communications, processing fees, maintenance, and new or replacement equipment costs will be borne by authorized vendors as an integral part of the commercial relationship with the software/hardware companies that support them.” Add paragraph (10)(B)(iv)(I) of Sec. 1786 (h) to read: “any vendor participating in both WIC and SNAP shall be required to assume the incremental costs of communications, processing fees, maintenance, and new or replacement equipment.”

## Promoting and Supporting Breastfeeding in WIC

**Breastfeeding is the normal and most healthful way to feed infants** – The benefits to infants and mothers are numerous.

**For children,** science shows that human milk: may lower the risk of obesity in childhood and adolescence; promotes and supports development; protects against illness symptoms and duration; improves IQ and visual acuity scores; lowers cancer rates; decreases cavities; improves premature infants’ health; and significantly reduces health care costs.

**For mothers:** decreases the likelihood of ovarian and breast cancers; reduces the risk of osteoporosis and long-term obesity; increases bonding between mother and child; and significantly reduces the incidence of child neglect.

WIC maintains that breastfeeding is the best source of infant nutrition and currently earmarks funds for breastfeeding promotion and support activities. All WIC staff have a role in promoting and providing support for the successful initiation and continuation of breastfeeding. **NWA** promotes exclusive breastfeeding for infant feeding through the first year of life and beyond, with the addition of appropriate complementary foods when the infant is developmentally ready, usually around six months of age.

**Emphasizing the Importance of Breastfeeding in WIC** – To emphasize breastfeeding support and promotion as an integral part of nutrition education – **NWA recommends:** *Adding “breastfeeding counseling, support and promotion” to each citation related to WIC for nutrition education in the Child Nutrition Act of 1966.*

**Suggested language** – Revise all paragraphs beginning with Sec. 1786 (a) to read: “It is, therefore, the purpose of the program authorized by this section to

provide, up to the authorization levels set forth in subsection (g) of this section, supplemental foods and nutrition education, “breastfeeding counseling, support and promotion” through any eligible local agency that applies for participation in the program.”

**Enhancing a Successful Breastfeeding Initiative** – Since 2005, Congress has set aside monies to fund what has become a successful breastfeeding peer counseling initiative. The funding need exceeds the authorized level. **NWA recommends:** *increasing resources to assure more breastfeeding mothers access to critical breastfeeding support.*

A 2009 American Academy of Pediatrics cost analysis found that if 90% of women breastfed exclusively for 6 months, the United States would save \$13 billion and prevent nearly 1,000 infant deaths per year.

**Suggested language** – Revise paragraph (10)(B)(iii) of Sec. 1786 (i)(J) to read: “(iii) \$180,000,000 shall be used for special nutrition education such as breastfeeding peer counselors and other related activities.”

## Protecting WIC Cost Containment

**Preserving the Integrity of Infant Formula Cost Containment** – WIC’s highly successful infant formula cost containment program has saved WIC enormous sums since implementation in 1989 and currently saves WIC roughly \$2 billion a year. WIC State 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 (manufacturer’s wholesale price minus the rebate) is given exclusive right to provide its product to WIC participants in the State for a specified period – generally 3 years.

Prior to 2004, WIC State agencies had the option to form State contracting alliances of varying size to obtain better rebates from infant formula manufacturers. In 2004, Congress limited the size of new contracting alliances to no more than 100,000 infants participating in the alliance as a means of potentially improving competition.

In 2005, USDA's Economic Research Service (ERS) found that there was no evidence that WIC's infant formula rebate program had resulted in a reduction of the number of infant formula manufacturers, and thereby lessened price competition.

One out of every four participants in the WIC program (i.e., over 2 million mothers and young children per month in fiscal 2000) was able to do so because of State agencies' use of rebate money to offset food costs – money that would otherwise require appropriation.

To assure the continued viability of this highly successful cost containment system, **NWA recommends:** *State WIC agencies have the option to form contracting alliances without limits on the number of participants.*

**Suggested language** – delete paragraph (8)(A)(iv) Size Of State Alliances.—(I) and paragraph (8)(A)(iv)(II) Addition Of Infant Participants...

## Assessing the Effects of Nutrition Services

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### Providing for Innovation, Data Collection, and WIC Outcomes Research

– To support rigorous health outcomes research and evaluation documenting WIC's continued success – **NWA recommends:** *flexible use of Special Project Grants funds, State WIC funds and other grant resources for health outcomes research and evaluation to identify effective nutrition education and breastfeeding promotion and support services, to test innovative service delivery and food*

*prescriptions, and to support USDA's partnership with NWA to achieve WIC sensitive research and evaluation objectives.* **NWA recommends Congress provide \$15 million to support updated, rigorous health outcomes research and evaluation** documenting WIC's continued success.

**Suggested language** – add paragraph (10)(B)(v) “\$15 million shall be used to support updated, rigorous health outcomes research and evaluation.”

**As the nation's premier public health nutrition program, WIC is a cost-effective, sound investment – ensuring the health of our children.**

**Love them lots. Feed them well!  
Your child has you. And you have WIC!**

## WIC For A Healthier, Stronger America!

**NWA's mission:** providing leadership to promote quality nutrition services; advocating for services for all eligible women, infants, and children; and assuring the sound and responsive management of WIC.

Please direct all questions to NWA at 202-232-5492.