



2015 WIC Reauthorization Legislative Agenda SUMMARY

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.

NWA Reauthorization Recommendations:

- Name WIC for what it delivers. Change the program's name to the Special Supplemental Public Health Nutrition Program for Women Infants and Children.
- Assure adequate Nutrition Services (NSA) funding.
- Protect and preserve adjunctive eligibility.
- Protect and preserve the integrity of the WIC food packages. 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.
- Enhance the quality of the fully breastfeeding food package by rounding inflation-adjusted cash value vouchers to the nearest dollar increment rather than always rounding down.
- Maintain the enhanced value of the fully breastfeeding food package by increasing the monthly cash value voucher for fully breastfeeding women by \$2 to \$12.
- Assure that choice in the WIC food packages promotes WIC success by maximizing state flexibility to offer national and private label brand options to adequately and appropriately respond to consumer needs, cultural preferences, and family lifestyles.
- Achieve efficiencies, coordinate nutrition services with health and safety net programs, and save Medicaid and health care cost by:
 - » Giving states the option to certify infants for two years 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.
 - » Giving states the option to increase the certification timeframe for both breastfeeding and non-breastfeeding women to two years post-partum. Certification for the extended post-partum period may address crucial needs for the new mother, infant, and potentially subsequent children during vulnerable life stages.
 - » Extending eligibility for children to age six to assure a continued strong health and nutrition foundation, preparing children for school entrance, getting them ready to learn, and reducing childhood obesity and other chronic diseases.
- Enhance service delivery through information technology by providing \$35 million in unencumbered funding outside the regular NSA grant to implement MIS core functions, upgrade WIC technology systems, maintain MIS and electronic services, and render MIS systems EBT-ready.
- Move WIC to electronic benefit service delivery by 2020 by providing at least \$50 million per year up to a total of \$219 million for the smooth transition of WIC service delivery from paper based systems to EBT systems.

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- ➔ Protect WIC's limited technology resources by amending current law 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.
 - ➔ Protect and support breastfeeding in WIC by:
 - » Emphasizing the importance of breastfeeding in WIC with the addition of "breastfeeding support and promotion" to each citation related to WIC for nutrition education in the Child Nutrition Act of 1966.
 - » Enhancing the successful breastfeeding peer counselor initiative by increasing the authorized level to \$180 million per year.
 - ➔ Protect WIC cost containment by:
 - » Preserving the integrity of infant formula cost containment.
 - » Assuring the continued viability of the highly successful infant formula cost containment system by allowing state WIC agencies the option to form contracting alliances without limits on the number of participants.
 - ➔ Provide \$15 million per year to support updated, rigorous health outcomes research and evaluation, documenting WIC's continued success.