



FISCAL YEAR 2020 WIC LEGISLATIVE & APPROPRIATIONS AGENDA

NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

WIC: IMPROVING HEALTH OUTCOMES FOR 46 YEARS

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a national, targeted supplemental public-health nutrition program with time-limited participation. Every month, the program serves roughly 7.3 million low-income mothers, babies, and young children at nutritional risk across the United States. For more than 46 years, WIC has contributed to healthier pregnancies and improved birth outcomes for low-income mothers, babies, and young children up to age five.



SUMMARY OF NWA FISCAL YEAR 2020 FUNDING REQUESTS

REQUEST	AMOUNT
Total funding request	\$6.15 billion + contingency fund
Set-aside for Breastfeeding Peer Counselor Program	\$90 million
Set-aside for WIC infrastructure	\$14 million
Set-aside for WIC research and evaluation	\$25 million
Set-aside for community health integration	\$15 million
Invest in the contingency fund	\$750 million

FUNDING PRIORITIES

Full funding is essential to ensure that WIC continues to fulfill its mission of building a healthier, better future for America's women and young children. Funding for WIC must:

- » ensure that no eligible applicants are turned away
- » maintain current and anticipated WIC participation levels
- » respond adequately to economic forecasts of rising food costs due to tariffs and inflation
- » respond adequately to unexpected increases in caseload due to unexpected economic downturns and recessions
- » provide ample Nutrition Services and Administration (NSA) grants for critical nutrition services, health and social service referrals, and to maintain clinic staffing and ensure competitive salaries.

The National WIC Association requests **\$6.15 billion in budget authority**, along with \$750 million in contingency funds, to meet projected WIC caseload and to fund set-asides for designated essential purposes.

ROBUSTLY FUND NUTRITION SERVICES AND ADMINISTRATION (NSA) GRANTS

Robust NSA funding allows WIC staff to deliver quality nutrition services, the key to influencing and transforming eating habits and addressing the nation's epidemic of obesity and overweight, type 2 diabetes, and other nutrition-related diseases. NSA funding includes nutrition and breastfeeding counseling and education, prevention as well as critical referral services (e.g., prenatal and pediatric health care, oral health, immunizations, tobacco cessation, addiction, and social services). NSA funding is also critical to paying WIC staff a living wage. Currently, many WIC staff wages are insufficient, leading to some employees themselves being eligible for the WIC program.

In fiscal year 2017, total NSA funding amounted to 30.9% of the WIC appropriation, with 18% for nutrition education, breastfeeding promotion, and other client services and only 9.9% for program management/administration.² WIC's administrative costs have remained at under 10% of total program costs for more than a decade. WIC agencies consistently implement cost efficiencies to ensure administrative and program management savings.

PROVIDE ADMINISTRATIVE FLEXIBILITY BY EXPANDING THE DEFINITION OF FOOD COSTS

NWA RECOMMENDS THAT CONGRESS EXPAND THE DEFINITION OF ALLOWABLE FOOD COSTS TO INCLUDE TRANSACTION AND PROCESSING FEES RELATED TO THE USE OF ELECTRONIC BENEFITS TRANSFER (EBT).

EBT is a critical program improvement but comes at increased cost to state WIC agencies. Currently, EBT costs compete for limited NSA funding with nutrition and breastfeeding counseling and education and critical referral services (e.g., prenatal and pediatric health care, oral health, immunizations, tobacco cessation, addiction, and social services). Since it is intricately related to the purchase of food, NWA believes that it would be both administratively helpful and appropriate to allow the transaction and processing fees from EBT to be considered allowable food costs. Similar administrative flexibility is already in place to allow states to consider the costs of breast pumps as part of food costs. Both represent food-delivery mechanisms and ensure delivery of healthy foods.

INVEST IN THE CONTINGENCY FUND TO ENSURE CONTINUED WIC OPERATIONS

NWA URGES CONGRESS TO INVEST IN THE CONTINGENCY FUND TO A TOTAL OF \$750 MILLION to ensure that WIC can continue to serve all eligible participants during unforeseen circumstances such as a lapse in appropriations or a recession.

The contingency fund ensures that WIC clinics could continue to serve all eligible participants, instead of prioritizing vulnerable categories or adopting waiting lists. WIC operational costs are roughly \$500 million per month, with states obligating funds out for at least three months at a time. The current \$125 million contingency fund is insufficient to sustain clinic operations at a time of unexpected increase in caseload, during an economic recession, or an increase in the unemployment rate. A robust contingency fund will strengthen

Congress' commitment to serving all eligible participants, especially in times of uncertainty.

PROVIDE CRUCIAL SET-ASIDE FUNDING FOR DESIGNATED PROGRAM ACTIVITIES

EXPAND THE BREASTFEEDING PEER COUNSELOR PROGRAM

NWA REQUESTS \$90 MILLION—THE FULL AUTHORIZED AMOUNT—FOR WIC'S HIGHLY SUCCESSFUL BREASTFEEDING PEER COUNSELOR PROGRAM TO ENSURE MORE BREASTFEEDING MOTHERS HAVE ACCESS TO CRITICAL BREASTFEEDING SUPPORT.

Breastfeeding is the best source of nutrition for infants, and WIC currently sets aside funds for breastfeeding promotion and support activities.^{3,4,5} All WIC staff members have a role in promoting and supporting the successful initiation and continuation of breastfeeding. Consistent with the American Academy of Pediatrics' recommendation, WIC promotes exclusive breastfeeding through the first six months of an infant's life, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.⁶

Since 2005, Congress has set aside monies to fund what has become a successful breastfeeding peer counseling initiative. Breastfeeding peer counselors add a critical dimension to WIC's efforts to help women initiate and continue breastfeeding by addressing the barriers to breastfeeding and by offering breastfeeding education, support, and role modeling. Peer counselors are familiar with the resource challenges of WIC mothers and the questions a new breastfeeding mother may ask and recognize when to refer mothers to other resources during critical periods when mothers may experience difficulty.

A large body of evidence demonstrates that participation in the WIC breastfeeding peer counseling program is associated with an increased rate of breastfeeding initiation.^{7,8} The US Department of Agriculture (USDA) Food and Nutrition Service (FNS) seeks to integrate peer counseling as a WIC service in every WIC clinic. To further increase breastfeeding rates among WIC moms, the breastfeeding peer counseling program requires expansion at the national level.

The overwhelming success of the peer counseling initiative warrants that WIC offer breastfeeding peer counselor services at all WIC clinics nationwide. Currently, roughly 31% of local agencies do not have funding to operate any peer counseling program.⁹ Of the programs that do have access to a peer counselor, the peer counselor is often working part-time and is not able to assist every individual in need.

Funding needs for breastfeeding peer counselors—to ensure breastfeeding success for mothers and their infants—exceed the appropriated level.

PROVIDE ADEQUATE WIC INFRASTRUCTURE FUNDING

NWA REQUESTS \$14 MILLION IN UNENCUMBERED WIC INFRASTRUCTURE FUNDING.

Infrastructure funding helps WIC state agencies improve efficiency, strengthen program integrity, enhance food-delivery systems, and repair and renovate facilities.

SUPPORT WIC RESEARCH AND EVALUATION

NWA REQUESTS AT LEAST \$25 MILLION FOR FNS STUDIES, RESEARCH THROUGH SCHOOLS OF PUBLIC HEALTH NUTRITION, AND TO SUPPORT NEW, INNOVATIVE PILOT PROJECTS.

Meaningful research allows regular, evidence-based updates to WIC services to reflect the latest nutrition,

breastfeeding, and public health science. WIC program evaluations and high-quality, focused program-impact research have helped WIC innovate, streamline, and improve program effectiveness over the last two decades. It is crucial that such research continues to not only update, reinforce, and expand the rigorous documentation of WIC's positive effects on participants, but also help WIC identify areas for improvement and test innovative solutions.

NWA ALSO SUPPORTS THE CONTINUED ROLE OF THE USDA'S ECONOMIC RESEARCH SERVICE (ERS) IN THE EVALUATION OF WIC.

ERS is a premier agricultural economics research institute, and its researchers provide important insight into the economic impacts of the WIC program. ERS plays a key role in research on cost containment and infant formula contracts in the WIC program.

SUPPORT THE INTEGRATION OF COMMUNITY HEALTH INTO WIC PRACTICE

NWA REQUESTS AT LEAST \$15 MILLION IN ADDITIONAL FUNDING FOR INITIATIVES TO ENHANCE COMMUNITY HEALTH LINKAGES.

WIC works in tandem with other federal programs, healthcare providers, and food industry and retail partners to improve maternal and child health outcomes in every community. Despite WIC's impressive public health achievements, many WIC participants live in communities that do not support healthy lifestyles. Food deserts stemming from limited community infrastructure, gaps in healthcare services, and social norms discouraging breastfeeding are a few of the many challenges that put healthy living out of reach for especially at-risk families served by the WIC program. Additional funding will support WIC agencies in deliberate efforts to implement policy, systems, and environmental changes to improve access to healthy foods, improve referral networks, and create

breastfeeding-friendly environments in the community.

PROVIDE FUNDING FOR WIC-ADJACENT INITIATIVES

CONTINUE FUNDING THE WIC FARMERS' MARKET NUTRITION PROGRAM

NWA REQUESTS \$18.5 MILLION TO MAINTAIN THE WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP).

WIC's nutrition education and provision of healthy foods has led to increases in daily fruit and vegetable consumption by children who participate in WIC.¹⁰ Another way that WIC agencies help to increase access to fresh fruits and vegetables is through WIC FMNP. Congress established WIC FMNP in 1992 to provide fresh, unprepared, locally grown fruits and vegetables to WIC participants and to expand the awareness, use of, and sales at farmers' markets. In addition to increasing participants' fruit and vegetable consumption and nutrition knowledge, WIC FMNP also boosts local farmers' incomes.

FUND THE DIETARY GUIDELINES FOR PREGNANCY AND BIRTH THROUGH 24 MONTHS

NWA URGES CONGRESS TO APPROPRIATE ADEQUATE FUNDS FOR THE COMPLETION OF THE DIETARY GUIDELINES FOR PREGNANCY, INFANTS, AND TODDLERS THROUGH 24 MONTHS (P-24 GUIDELINES).

The addition of P-24 Guidelines will provide much-needed analysis of nutrition recommendations for these populations. This analysis will help to inform future assessments of the WIC food package and will guide nutrition education provided through WIC.

WIC POLICY PRIORITIES

1. Ensure access to WIC for all eligible families
2. Extend WIC eligibility to age six
3. Extend post-partum WIC eligibility to two years
4. Extend WIC certifications for all family members to two years
5. Protect and preserve the scientific integrity of the WIC food package
6. Support the inclusion of WIC in maternal mortality legislation
7. Support WIC's continued transition to electronic benefits service delivery

1. ENSURE ACCESS TO WIC FOR ALL ELIGIBLE FAMILIES

Under current law, state agencies may serve all families eligible for WIC, regardless of immigration status,¹¹ reflecting the common-sense fact that children born in the United States are conferred with birthright citizenship. However, the Department of Homeland Security has advanced proposals that would penalize immigrants for accessing public assistance programs that they are legally permitted to use. As a result of this process, many immigrant families are fearful of accessing WIC services and have withdrawn from the program, risking their children's nutrition and the public's health. Growing healthy children is the bedrock of WIC's mission. Congress should immediately take action to oppose any Department of Homeland Security actions that would further restrict immigrants' access to critical public assistance programs, including WIC.

2. EXTEND WIC ELIGIBILITY TO AGE SIX

Extending WIC eligibility for children by one year—until their sixth birthday—would ensure that no children are slipping through the nutrition gap between WIC and the National School Lunch and Breakfast Programs. The National Center for Education Statistics indicates that roughly half of children start kindergarten after the age of 5 1/2. This means many of these children could be facing six months or more without targeted nutrition support. The WIC Act would make sure that all children who are income-qualified can make a seamless transition between WIC and school lunch, thereby leading to healthier diets and improved physical and cognitive health outcomes.

3. EXTEND POST-PARTUM WIC ELIGIBILITY TO TWO YEARS

Giving states the option to extend eligibility for breastfeeding and postpartum mothers to two years would help WIC better meet the unique health and nutrition needs of postpartum women. Currently, WIC provides services to postpartum women up to six months after the birth of their baby and breastfeeding women for up to one year. While the provision of these services during the postpartum period has helped to improve diets, increase breastfeeding rates, and increase access to healthcare and social services, there is potential for WIC to have an even greater impact through expanded eligibility under the WIC Act. Medical professionals recognize that good maternal health prior to pregnancy is of vital importance to improving health outcomes for both mother and infant. Inter-natal 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 outcomes for subsequent births. WIC has a crucial role to play in ensuring that mothers are receiving the nutritious foods, nutrition counseling, breastfeeding support, health screenings, and resource referrals that they need during the inter-natal period.

4. EXTEND WIC CERTIFICATIONS FOR ALL PARTICIPANTS TO TWO YEARS

Giving states the option to certify WIC participants for two years would allow WIC agencies to eliminate duplicative paperwork and encourage families to stay on WIC longer, thereby reducing overall healthcare costs. In particular, many WIC families drop out of the program when an infant turns one. One reason for this is the long and burdensome certification appointment required at an infant's first birthday. If all certifications could be for two years rather than one, more children would remain in the program past their first birthday, and more women would stay on WIC longer, benefiting from WIC's critical nutrition and public health services.

5. PROTECT AND PRESERVE THE SCIENTIFIC INTEGRITY OF THE WIC FOOD PACKAGES

The nutritional value of the WIC food packages and the kinds of food products included in the food packages are and must remain science-based and immune from politics and the legislative process. This promotes public trust and confidence in the health and nutritional value of WIC foods. Congress supported NWA's call for a scientific review of the WIC food packages at least once every ten years by the National Academies of Science,

Engineering, and Medicine (NASEM, formerly the Institute of Medicine) as prescribed in the Healthy, Hunger Free Kids Act of 2010.

In January 2017, NASEM published the final report of its second review of the WIC food packages, recommending increased options and flexibility to meet participants' dietary and nutrient needs, increasing consumption and choice in whole grains and fruits and vegetables, decreasing amounts of certain foods that were found to be offered in too large a quantity or were burdensome to WIC families, and improving support for breastfeeding moms.

NWA DOES NOT SUPPORT CONGRESSIONAL ACTION TO CHANGE THE WIC FOOD PACKAGE AND INSTEAD ENDORSES USDA RULEMAKING TO FULLY IMPLEMENT THE 2017 NASEM RECOMMENDATIONS.

These WIC food package changes will ultimately increase WIC participants' satisfaction and help all 7.3 million low-income mothers, infants, and young children in the US continue to supplement their diets with nutritious food to support healthy growth and development.

6. SUPPORT THE INCLUSION OF WIC IN MATERNAL MORTALITY LEGISLATION

Maternal mortality, particularly among African American women, is a crisis in the US. WIC, which serves approximately 1.7 million low-income women each month,¹² is well-positioned to play a bigger role in the national conversation around solutions to this crisis. In states where WIC has been a part of Maternal Mortality Review Committees and other interagency collaborations, members report that WIC has been able to provide unique data and perspective to inform preventive, solution-based decision-making. WIC is also a key

messenger to pregnant and post-partum women and has been able to collaborate with other state agencies on public health education campaigns. In order to ensure WIC is able to actively participate in addressing this crisis,

NWA RECOMMENDS:

- » ensuring WIC is a mandatory participant on state Maternal Mortality Review Committees and other collaborative efforts to address maternal mortality.
- » ensuring WIC providers are given access to training relevant to addressing maternal mortality, including implicit bias training. This should occur both through education and training programs for Registered Dietitians, International Board Certified Lactation Consultants, and Certified Lactation Consultants, and through continuing education opportunities for WIC staff.

7. SUPPORT WIC'S CONTINUED TRANSITION TO ELECTRONIC BENEFITS SERVICE DELIVERY/eWIC

Technology provides a critical foundation for quality WIC services and program integrity. Electronic benefits transfer (EBT/eWIC) is the most efficient, cost-effective, and sustainable way of delivering participant benefits. EBT/eWIC ensures program integrity, improves the shopping experience for participants, and makes WIC benefit redemption easier for WIC consumers and retailers alike. Over half of the 90 state agencies have completed the transition to EBT/eWIC.

NWA encourages Congress to continue to support WIC state agencies in their transition to EBT/eWIC so that all states can meet the congressionally mandated deadline of full EBT/eWIC implementation by 2020.

ADDITIONAL NUTRITION AND PUBLIC HEALTH POLICY PRIORITIES

1. Advance policies that support breastfeeding
2. Maintain science-based nutrition standards and food labels
3. Advance policies that reflect the realities of pregnancy and raising children
4. Expand access to quality care through public health programs
5. Support nutrition-assistance programs, including SNAP
6. Support continued lead screening in WIC

1. ADVANCE POLICIES THAT SUPPORT BREASTFEEDING

Despite the preponderance of evidence on the benefits of breastfeeding, mothers face enormous barriers to breastfeeding their children. Breastfeeding women can face unsupportive work environments and often lack access to hygienic and private lactation spaces.¹³ Outside the workplace, many public spaces and buildings are not required by law to have a hygienic and private lactation space. There are even a few jurisdictions that do not exempt breastfeeding from public indecency laws.¹⁴ State and federal law should be amended to encourage breastfeeding and support pregnant women and mothers in both the workplace and in public spaces.

NWA SUPPORTS FEDERAL LEGISLATIVE PROPOSALS THAT WOULD ENSURE A FAIR AND UNIFORM NATIONAL POLICY TO PROVIDE REASONABLE BREAK TIME AND A PRIVATE, NON-BATHROOM PLACE FOR ALL WORKERS TO EXPRESS BREAST MILK AT WORK.

NWA also supports federal legislation to require government buildings to have a lactation space that is available to the public.

NWA urges the Food and Drug Administration to maintain and enforce strict regulations on the contents of breast milk substitutes. Congress should also take steps to regulate toddler milk products, which are breast milk substitutes marketed to children above the age of one.

NWA supports federal policy to support the inclusion of high-quality breastfeeding support services and breastfeeding supplies in health insurance coverage.

2. MAINTAIN SCIENCE-BASED NUTRITION STANDARDS AND FOOD LABELS

NWA SUPPORTS STRONG, SCIENCE-BASED NUTRITION STANDARDS FOR FEDERAL PROGRAMS AND COMPREHENSIVE FOOD LABELING TO INFORM CONSUMERS AND SUPPORT HEALTHY DECISION-MAKING.

The Dietary Guidelines for Americans provide critical analysis of nutrition science to inform nutrition practitioners. WIC nutritionists rely on the Dietary Guidelines to provide evidence-based nutrition information and guidance to families. The addition of Dietary Guidelines for pregnancy, infants, and toddlers through 24 months ("P-24 Guidelines") will provide much-needed analysis of nutrition recommendations for these populations. This analysis will help to inform future assessments of the WIC food package and will guide nutrition education provided through WIC.

NWA urges Congress to support strong, science-based, user-friendly nutrition and menu labeling.

Providing nutrition information on menus helps all families, including WIC program participants and their families, make informed decisions when eating at restaurants, supporting nutrition education in WIC. Similarly, clear and comprehensive nutrition facts panels help WIC families make informed selections at the grocery store.

NWA URGES CONGRESS AND US DEPARTMENT OF AGRICULTURE (USDA) TO MAINTAIN STRONG NUTRITION STANDARDS FOR SCHOOL AND SUMMER MEAL PROGRAMS AND FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP).

These programs build on the nutrition education and nutritious foods offered in the WIC program. According to USDA's Food and Nutrition Service, 95% of schools were in compliance with updated nutrition standards in 2014.⁴ Maintaining strong nutrition standards across federal programs ensures that children have access to healthy food at home, in childcare, and in school.

3. ADVANCE POLICIES THAT REFLECT THE REALITIES OF PREGNANCY AND RAISING CHILDREN

NWA SUPPORTS FAMILY-ORIENTED POLICIES THAT REFLECT THE REALITY OF PREGNANCY AND RAISING YOUNG CHILDREN, INCLUDING A NATIONAL PAID FAMILY LEAVE POLICY.

The US is the only industrialized nation with no national paid family leave policy. Although the Family and Medical Leave Act (FMLA) offers 12 weeks of family and medical leave to bond with a new child, recover from a serious health condition such as pregnancy, or care for a seriously ill child or other family member; that time is unpaid, and less than 60% of the workforce is eligible for FMLA coverage.¹⁵ Only 17% of the workforce has access to a paid family leave policy through their employer.¹⁶ Paid family leave is associated with significant

positive effects on the growth and health of young children, breastfeeding rates, and parental involvement.¹⁷ State and national family and medical leave policies should be improved—including at least 12 weeks and up to six months of paid maternity and paternity leave—to provide greater economic security to working families. In addition, pregnant women and new mothers in the workforce deserve stronger protections to avoid discrimination, reassignment, and job loss.

There are a wide range of other federal programs that support families, especially in their time of need.

NWA ENCOURAGES CONTINUED FUNDING AND STRENGTHENING OF THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM, SUPPLEMENTAL SECURITY INCOME (SSI), AND THE FEDERAL UNEMPLOYMENT INSURANCE PROGRAM.

In addition, families often rely on the Earned-Income Tax Credit (EITC) and the Child Tax Credit (CTC), and Congress should continue to protect both provisions in the tax code.

4. EXPAND ACCESS TO QUALITY CARE THROUGH PUBLIC HEALTH PROGRAMS

WIC is a public health program that supports healthy pregnancies, births, and early childhood development. WIC plays a critical role in screening for and monitoring nutritional and growth deficits, while also referring participants to medical professionals for diagnosis and appropriate treatment. Over 70% of WIC participants are enrolled in Medicaid, in part due to the program's expansion, especially for pregnant women and young children, enacted under the Affordable Care Act (ACA).¹⁸ WIC families that are not enrolled in Medicaid often rely on the Children's Health Insurance Program (CHIP) or the ACA marketplaces to obtain health coverage for their young children.

NWA SUPPORTS EFFORTS TO EXPAND AFFORDABLE AND QUALITY HEALTH CARE FOR LOW-INCOME INDIVIDUALS AND OPPOSES ANY EFFORT TO CUT OR SCALE BACK THE MEDICAID AND CHIP PROGRAMS.

Congress should work to stabilize the insurance markets and reduce premiums for all families.

NWA encourages full funding of the ACA premium tax credit and cost-sharing reduction (CSR) subsidies, continued support for Medicaid and CHIP, and restoration of the ACA individual mandate. In addition, full funding for community health centers and the Prevention and Public Health Fund will enhance health outcomes and help to address the preventative and urgent care needs of women and young children.

WIC also plays a role in combatting the increasing rates of infant and maternal mortality, particularly among communities of color.

NWA SUPPORTS FURTHER INVESTMENT IN BOTH WIC AND PARTNER PROGRAMS, INCLUDING THE MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT UNDER TITLE V OF THE SOCIAL SECURITY ACT AND THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV), that seek to address the unique health and treatment needs of pregnant and postpartum women, newborn infants, and young children.

5. SUPPORT NUTRITION ASSISTANCE PROGRAMS THAT HELP END HUNGER, INCLUDING SNAP

Food insecurity—the limited or uncertain access to enough food—pushes many WIC families to also enroll in other nutrition-assistance programs, especially the Supplemental Nutrition Assistance Program (SNAP). SNAP is the largest federal program combatting food insecurity, with over 42 million participants—nearly six

times the size of WIC.¹⁹ Unlike WIC, which is a targeted program aimed at pregnancy and early childhood, SNAP serves families with nutrition risk at all points of life. Accordingly, WIC agencies work closely with their SNAP counterparts to cross-refer eligible participants, streamline services and the application process, and build vendor relationships.

NWA OPPOSES EFFORTS TO UNDERMINE SNAP THROUGH LEGISLATION OR REGULATORY CHANGES.

Congress should fund SNAP at current levels through the farm bill process without making structural changes to the program. Neither Congress nor USDA should attempt to limit SNAP eligibility or stigmatize participants through burdensome requirements or waivers provided to states.

NWA SPECIFICALLY OBJECTS TO EFFORTS TO IMPOSE ADDITIONAL WORK REQUIREMENTS²⁰ OR REQUIRE PHOTOGRAPHS ON EBT/EWIC CARDS,²¹ measures that provide no meaningful programmatic benefits and serve only as barriers to participation by eligible families.

Other programs, such as the National School Lunch Program, School Breakfast Program, Summer Food Service Program, and Child and Adult Care Food Program, work in tandem with WIC and SNAP to support low-income families with their nutritional needs and to combat hunger.

NWA advocates full funding of these programs and discourages structural changes that would negatively impact participation by eligible children and families.

6. SUPPORT WIC'S ROLE IN LEAD SCREENING

According to the Centers for Disease Control and Prevention, almost one half a million children in the US have blood lead levels above the threshold at which health consequences are known to occur.¹² Children under the age of six are known to be most

vulnerable to the long-term health effects of elevated blood lead levels.¹³

¹⁴ ¹⁵ Low-income communities are disproportionately impacted by this issue.¹⁶ Thus, it is of direct relevance to the WIC program.

WIC agencies already screen all children enrolling in the program regarding their blood lead testing status, asking the parent or caregiver if the child has received a blood lead test. If the parent or caretaker reports that a child has not received a lead test, WIC providers must make a referral to a program or programs where a blood lead test can be conducted. Children screened with high blood lead levels are provided with appropriate nutrition education and counseling and categorized into the appropriate risk category. The administrative costs of conducting a blood lead test in the clinic are borne by other funding streams, such as Medicaid.

NWA supports the current paradigm of Medicaid reimbursement for lead testing and encourages collaboration among WIC and local and state health departments and housing authorities. As good nutrition is only one part of the solution to high blood lead levels—the most important element being environmental mitigation—it is vital for other partners to be involved.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to Brian Dittmeier, Senior Public Policy Counsel, at 202.232.4150 or bdittmeier@nwica.org.

¹ United States Department of Agriculture, Food and Nutrition Service (2017) WIC Program Data. Accessed online: <https://www.fns.usda.gov/pd/wic-program>.

² Calculated using: U.S. Department of Agriculture, Food and Nutrition Service (2017) WIC Combined Federal and State WIC NSA Outlays and In-Kind Report FY 2017 (FNS-798A) and FY 2017 WIC Grant Levels by State. Accessed online [12/19/18] <https://www.fns.usda.gov/wic/wic-funding-and-program-data>

³ Stolzer, JM (2011) Breastfeeding and Obesity: A Meta-analysis. *Open Journal of Preventive Medicine*: Vol.1 Issue 3, pp. 88-93.

⁴ Duijts L, Ramadhani MK, Moll HA (2009) Breastfeeding Protects against Infectious Diseases During Infancy in Industrialized Countries. A Systematic Review. *Maternal and Child Nutrition*: Vol.5 Issue 3, pp. 199-210.

⁵ Office of Women's Health, US Department of Health and Human Services (2014) Why Breastfeeding is Important. Accessed online: <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>.

⁶ American Academy of Pediatrics Section on Breastfeeding (2012) Breastfeeding and the Use of Human Milk Policy Statement. *Pediatrics*: Vol.129 Issue 3, pp. e827-41. Accessed online: <http://pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf>.

⁷ Gross SM, Resnick AK, Cross-Barnet C, Nanda JP, Augustyn M, Paige DM (2009) The Differential Impact of WIC Peer Counseling Programs on Breastfeeding Initiation across the State of Maryland. *Journal of Human Lactation*: Vol.25 Issue 4, pp. 435-43.

⁸ Yun S, Liu Q, Mertzlufft K, Kruse C, White M, Fuller P, Zhu BP (2010) Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Breastfeeding Peer Counselling Programme. *Public Health Nutrition*: Vol.13 Issue 2, pp. 229-37.

⁹ Forrestal S, Briefel R, Mabli J (2015) WIC Breastfeeding Policy Inventory: Final Report. Mathematica Policy Research for the United States Department of Agriculture. Accessed online: <http://www.fns.usda.gov/sites/default/files/ops/WICBPI.pdf>.

¹⁰ Chiasson MA, Findley SE, Sekhobo JP, Scheinmann R, Edmunds LS, Faly AS, McLeod NJ (2013) Changing WIC Changes What Children Eat. *Obesity*: Vol.21 Issue 7, pp. 1423-29. Accessed online: <http://onlinelibrary.wiley.com/doi/10.1002/oby.20295/abstract>.

¹¹ 8 U.S.C. § 1615(b).

¹² United States Department of Agriculture, Food and Nutrition Service (2017) WIC Program Data. Accessed online: <https://www.fns.usda.gov/pd/wic-program>.

¹³ Murtagh L, Moulton AD (2011) Working Mothers, Breastfeeding, and the Law. *American Journal of Public*

Health, Vol.101 Issue 2, pp. 217-23. Accessed online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3020209/>.

¹⁴ National Conference of State Legislatures (2017) Breastfeeding State Laws. Accessed online: <http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>.

¹⁵ United States Department of Labor (2018) Wage and Hour Division (WHD) FMLA Surveys. Accessed online: <https://www.dol.gov/whd/fmla/survey/>.

¹⁶ United States Bureau of Labor Statistics, National Compensation Survey: Employee Benefits in the United States, March 2018 (Table 32). Accessed online: <https://www.bls.gov/nchs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf>

¹⁷ Gomby DS, Pei D-J (2010) Newborn Family Leave: Effects on Children, Parents, and Business. A Publication of the David and Lucile Packard Foundation. Accessed online: <http://paidfamilyleave.org/pdf/NewbornFamilyLeave.pdf>.

¹⁸ United States Department of Agriculture, Food and Nutrition Service (2018) WIC Participant and Program Characteristics 2016. Accessed online: <https://www.fns.usda.gov/wic/wic-participant-and-program-characteristics-2016>.

¹⁹ United States Department of Agriculture, Food and Nutrition Service (2017) SNAP Program Data. Accessed online: <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.

²⁰ Pavetti L (2017) The Empty Promise of Work Requirements. Center on Budget and Policy Priorities Off the Charts. Accessed online: <https://www.cbpp.org/blog/the-empty-promise-of-work-requirements>

²¹ Mills GB, Lowenstein C (2015) Assessing the Merits of Photo EBT Cards in the Supplemental Nutrition Assistance Program. The Urban Institute Center on Labor, Human Services, and Population Brief. Accessed online: <https://www.urban.org/sites/default/files/publication/44641/2000159-Assessing-the-Merits-of-Photo-EBT-Cards-in-the-Supplemental-Nutritional-Assistance-Program.pdf>