

Congress of the United States
Washington, DC 20515

April 17, 2013

The Honorable Robert Aderholt
Chairman
Committee on Appropriations
Subcommittee on Agriculture
U.S. House of Representatives
Washington, DC 20515

The Honorable Sam Farr
Ranking Member
Committee on Appropriations
Subcommittee on Agriculture
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Aderholt and Ranking Member Farr,

We respectfully ask that you adequately fund the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the Fiscal Year 2014 Agriculture Appropriations bill and replenish the WIC contingency fund, which will likely be depleted by the end of this fiscal year, back to \$125 million. The President's FY 2014 budget would request \$7.1 billion and we support that request.

A full funding level for the program is one that: assures that no eligible applicants are turned away; maintains current and anticipated WIC participation levels; assures adequate nutrition services and administration (NSA) funding; responds adequately to economic forecasts of rising food cost inflation; and provides funds for nutrition services to maintain clinic staffing and competitive salaries.

As you know, WIC is the nation's premiere preventive public health nutrition program targeted at low-income mothers and young children who have or are at risk for developing nutrition-related diseases and disorders. Serving nearly 9 million mothers and young children, including 53% of all infants in the country, WIC provides nutrition education, breastfeeding education and support, referrals to medical and social services and a small nutritious food package.

Numerous studies show that WIC has been effective in improving health outcomes for its target populations. For example, every dollar spent on a pregnant woman in WIC saves up to \$4.21 in Medicaid costs for her and her newborn because WIC reduces the risk for preterm birth and low birth-weight babies by 25% and 44%, respectively. The average first year medical cost for a premature or low birth-weight baby is \$49,033 compared to \$4,551 for a baby born without complications.

Children on WIC are also more likely to consume key nutrients, receive immunizations on time, and have high cognitive development scores than their peers not participating in WIC. Recent studies in Los Angeles County and New York State have documented a reduction in obesity rates in the WIC child population over the past several years. In light of these successes, it is no wonder that recent surveys indicate that WIC retains broad support across political, ideological, ethnic, and socio-economic lines in America. A bi-partisan national survey of 1,000 likely November 2012 voters indicated nearly 3 in 4 Americans want WIC funding to remain the same or increase.

Grounded in nutrition science and effective interventions, WIC remains an efficient and effective program that provides significant returns on investment. At just 7.45% of total program costs, nationally, WIC program management costs are very low. In 2010, WIC was able to leverage \$1.7 billion in non-tax revenues generated through competitive bidding of infant formula and other cost containment initiatives to serve 1.9 million participants. And WIC clinics continue to pursue cost saving initiatives in order to maintain services to this vulnerable population. WIC programs across the country have reduced clinic hours, laid off staff, implemented hiring freezes, reduced program outreach to communities in need, and made efficiencies to their program delivery methods in order to prevent cutting current participants from the program. Without adequate funding however, current participants will be cut from the program.

We also request that you provide the following set asides, which contribute to increased program integrity and long-term deficit reduction including \$95.8 million for breastfeeding peer counselors and breastfeeding support services. Breastfeeding peer counselors have helped increase breastfeeding rates in the WIC population whose breastfeeding rates have historically been lower than the general population due to the social and economic barriers facing WIC clients. Because of increase emphasis by Congress and the WIC program, between 1998 and 2010 the breastfeeding rate in WIC has risen from 41.3% to 63.1%. According to one estimate, if 90% of US mothers exclusively breastfed their infants to 6 months, the US would save \$13 billion per year in medical expenses and prevent over 900 deaths annually.

We also urge you to provide \$37.3 million for WIC Management Information Systems (MIS)/ Electronic Benefit Transfer (EBT) efforts. EBT helps states more effectively manage program integrity violations allowing WIC to identify vendor fraud and abuse in real time. Additional set-asides of \$14.9 million for infrastructure funding and \$5 million for research will continue to ensure the program's success.

Inadequate funding will have short-term and long-term consequences. In the short-term, mothers and young children cut from the program may go without healthy food or enough food. In the long-term, healthy childhood growth and development may be hampered resulting in health and development problems that will have life-long physical, mental, and financial costs.

Again, we urge you to fully fund WIC in FY 2014 to achieve optimal returns on our WIC investment. We appreciate your consideration of this important request and look forward to continuing to work with you to improve the health of nutritionally at-risk women, infants, and children.

Sincerely,


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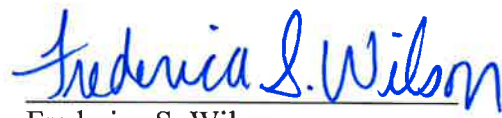

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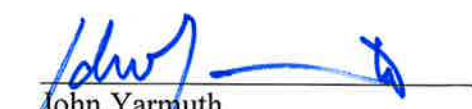

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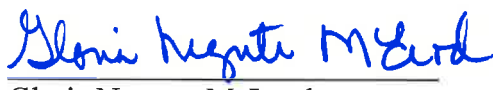

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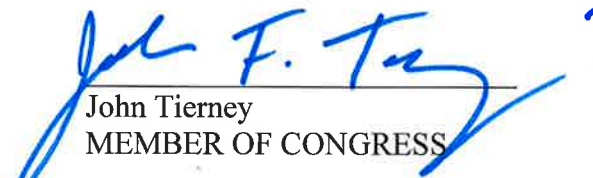

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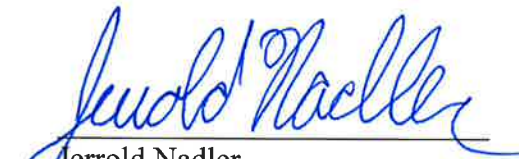

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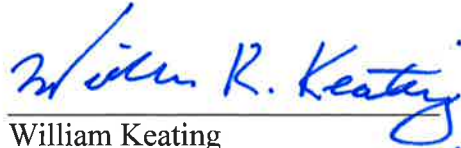

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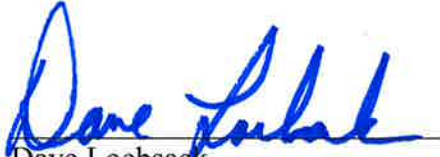

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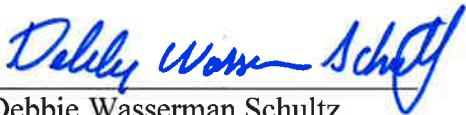
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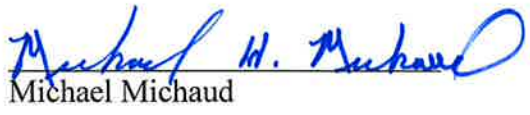
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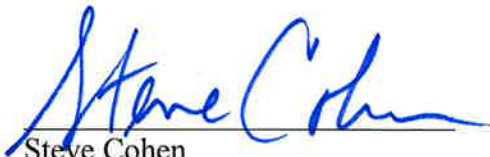
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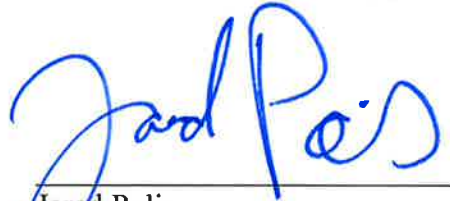

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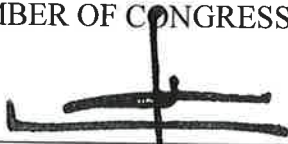

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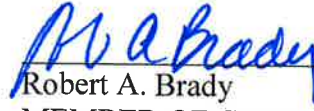

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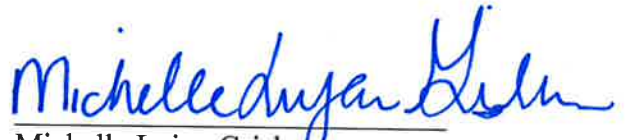
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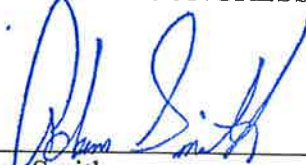
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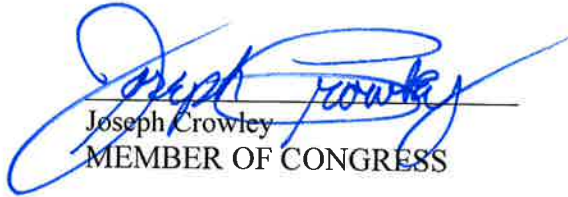
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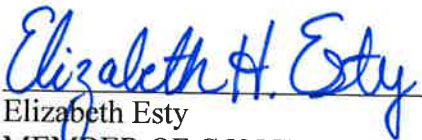
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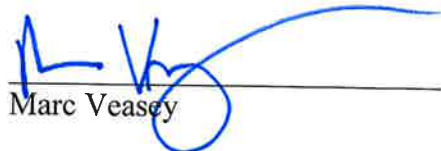
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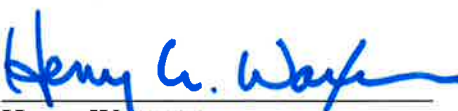
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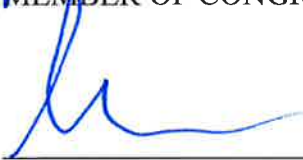
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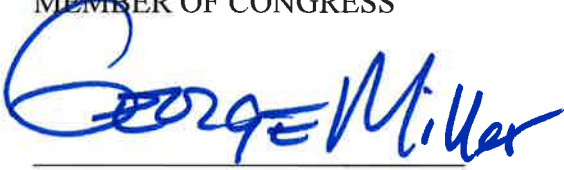
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