

February 21, 2023

The Honorable Thomas J. Vilsack  
Secretary  
U.S. Department of Agriculture  
1400 Independence Avenue, SW  
Washington, DC 20250

**Re: Federal Register Docket FNS-2022-0007: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages**

Dear Secretary Vilsack:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to offer our comments to the U.S. Department of Agriculture, Food and Nutrition Service (FNS) on the proposed revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food Packages, [Federal Register Docket FNS-2022-0007](#). In an average month in 2019, an estimated 11 million people were eligible to receive benefits from WIC and approximately 6.3 million people participated in the program.<sup>1</sup> Overall, the AMA applauds the WIC program's demonstrated success in improving the health of individual participants by increasing consumption of nutritious foods and decreasing food insecurity.<sup>2,3</sup> Moreover, the AMA supports the primary goal of revising the program to align with the current Dietary Guidelines for Americans while providing flexibility in the variety and choice of foods and beverages. This flexibility will better reflect cultural and medical needs and personal preferences while adhering to the science associated with nutritional necessities that promote growth and health in pregnant, breastfeeding, and non-breastfeeding postpartum individuals and children.

Overall, the AMA supports the proposed revisions (with additional considerations that will enhance the dietary requirements):

- Make permanent the recent increases in fruit and vegetable benefit, which would provide 50 percent of fruit and vegetable intake recommended by the Dietary Guidelines for Americans (DGAs);
- Increase the Cash Value Voucher (CVV) amount that can be redeemed for fruit and vegetables;
- Require that canned fruits and vegetables purchased with the CVV have no added sugars and low sodium;

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<sup>1</sup> <https://www.fns.usda.gov/wic/2019-eligibility-coverage-rates>.

<sup>2</sup> Schultz DJ, Byker Shanks C, Houghtaling B. The Impact of the 2009 Special Supplemental Nutrition Program for Women, Infants, and Children Food Package Revisions on Participants: A Systematic Review. *J Acad Nutr Diet*. 2015 Nov;115(11):1832-46. doi: 10.1016/j.jand.2015.06.381. Epub 2015 Aug 12. Erratum in: *J Acad Nutr Diet*. 2015 Nov;115(11):1886. PMID: 26276067.

<sup>3</sup> [https://frac.org/wp-content/uploads/frac\\_brief\\_revised\\_wic\\_food\\_package\\_impact\\_nutrition\\_retail.pdf](https://frac.org/wp-content/uploads/frac_brief_revised_wic_food_package_impact_nutrition_retail.pdf).

- Provide continued access to online shopping for WIC-participants;
- Remove allotments for juice completely and instead convert the full juice amount to CVV to be used for the purchase of fruits and vegetables;
- Include other plant-based alternatives to cow's milk that meet Federal WIC nutrient specifications;
- Allow CVV amounts to be used for infants six months and older to purchase fruits and vegetables;
- Exclude added fats in infant foods;
- Require WIC food packages to meet 100 percent of the American Academy of Pediatrics (AAP) recommended fruit and vegetable amounts for all WIC-participant infants four months and older;
- Provide increased support for breastfeeding among WIC-participants, such as in the form of breastfeeding consultations and support groups;
- Maintain the current iron standard for infant formula;
- Allow only whole grain cereal and maintain a total sugars limit for breakfast cereals rather than an added sugars limit;
- Revise the definition of whole grain and expand whole grain options while requiring that the whole grain options contain at least 51 percent whole grain; and
- Provide additional guidance and offer specific recommendations on which nut and seed butters would meet the same nutrient requirements as peanut butter or legumes.

The AMA recommends more substantive changes in certain food categories to ensure that allowances are made for medical conditions, dietary preferences, cultural preferences, and equitable access.

### Fruits and Vegetables

FNS is proposing to increase the CVV maximum monthly allowances for the purchase of fruits and vegetables to \$24 for child participants, \$43 for pregnant and postpartum participants, and \$47 for partially (mostly) and fully breastfeeding participants (with annual adjustments for inflation). The increase in CVV allowances for fruits and vegetables are being proposed to align with the amounts recommended by the National Academies of Sciences, Engineering, and Medicine (NASEM). FNS is also proposing to expand what can be purchased with the CVV to include fruits and vegetables that are in other forms including frozen, canned, and/or dried. Along these lines the proposed rule would require vendors to stock at least three varieties of vegetables.<sup>4</sup>

**The AMA applauds the increased CVV amount that can be redeemed for fruits and vegetables. Likewise, the AMA appreciates the increased variety of fruits and vegetables that can be redeemed. However, the AMA urges the Department to require that canned fruits and vegetables purchased with the CVV have no added sugars and are low sodium. The AMA also urges continued access to online shopping for WIC participants.**

### *Sodium and Sugar in Canned Fruits and Vegetables*

The Department requested public comment to better understand the impact of, and potential barriers to, the proposed change to allow fresh and other forms (frozen and/or canned) of fruits and vegetables to be available in the infant food package. The Department was especially interested in ensuring that the

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<sup>4</sup> <https://www.federalregister.gov/documents/2022/11/21/2022-24705/special-supplemental-nutrition-program-for-women-infants-and-children-wic-revisions-in-the-wic-food>.

amount of sodium in frozen and/or canned forms of vegetables did not exceed infants' needs. The Chronic Disease Risk Reduction (CDRR) sodium levels defined by NASEM for children are 1,200 mg/day for ages one through three and 1,500 mg/day for ages four through eight.<sup>5</sup> However, the average intake of sodium of the U.S. population ages one and older is 3,393 mg/day, far exceeding the sodium guidelines. As such, the AMA recommends considering all options to promote reductions in the sodium content of processed foods.

“Food package modification...including increasing the cash value benefit for fruits and vegetables and diversifying food options” will likely lead to improved redemption and retention within the WIC program.<sup>6</sup> However, canned fruits and vegetables often contain large amounts of added sugar and sodium which alters the nutritional value of these foods and negates the intended health outcomes of adding alternatives to fresh within WIC. As such, allowing CVV to be used for canned and frozen fruits and vegetables could add sodium and sugar into WIC-participants' diets beyond the recommended daily amounts. For example, canned vegetables such as green beans, mushroom pieces and stems, and tender sweet peas can account for up to 25 percent of an individual's daily sodium value. While canned fruit such as pineapple chunks, tropical fruit, sliced yellow cling peaches, and pear halves can account for up to 107 percent of an individual's daily sugar intake, based on 6 teaspoons a day.

Therefore, the AMA recommends that the revised rule restrict canned and frozen varieties to those that contain no amount of added sugar and are low in sodium. The AMA also recommends that limits on sugar and added sugar be considered holistically and not just in certain categories or foods. This overarching consideration of limitations on sugar and sodium would be consistent with other considerations for sodium, sugar, and added sugar that are being proposed in the rule.

#### *Access to Fruits and Vegetables*

About 39 million Americans are low-income and live in areas where it is difficult to access affordable, healthy foods such as fresh fruits and vegetables. Moreover, living in these areas makes it much more difficult to travel to, or have food delivered from, areas outside the immediate neighborhood.<sup>7</sup> As such, requiring state agencies to authorize at least one other form of fruits and vegetables that qualify for WIC would provide much needed flexibility in areas where there is limited access to fresh fruits and vegetables. Additionally, **the AMA recommends that FNS allow other types of stores, such as discount variety stores, to participate in WIC** so that participants who have limited access to standard grocery store chains can have access to stores that carry the expanded options of fruits and vegetables such as canned, frozen, and dried closer to home.

Although 11 million people are eligible for WIC, about half, or 6.3 million, are enrolled. Of those enrolled, many do not use the full extent of services offered.”<sup>8</sup> We urge the Department to consider the overall impact of a lack of access to grocery stores that participate in the WIC program, and the inability of participants to take advantage of WIC and the increased CVV amount. For the most vulnerable populations, such as pregnant individuals and infants, living in areas where there are few stores, let alone

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<sup>5</sup> [https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary\\_Guidelines\\_for\\_Americans-2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf).

<sup>6</sup> <https://publications.aap.org/pediatrics/article/149/2/e2021053889/184490/Caregiver-Perspectives-on-Underutilization-of-WIC?searchresult=1>.

<sup>7</sup> Rhone, Alana, Williams, Ryan, and Dicken, Chris. Low-Income and Low-Supermarket-Access Census Tracts, 2015-19, EIB-236, U.S. Department of Agriculture, Economic Research Service, June 2022.

<sup>8</sup> <https://publications.aap.org/pediatrics/article/149/2/e2021053889/184490/Caregiver-Perspectives-on-Underutilization-of-WIC?searchresult=1>.

stores that participate in WIC, makes the problem of access to healthy foods such as fruits and vegetables a major obstacle to health. During the COVID-19 Public Health Emergency (PHE), FNS addressed this access issue by allowing WIC-participants to order food packages online and have them delivered. Due to this additional access, WIC-participants “described how electronic benefit transfer cards and smartphone apps eased the use of benefits and reduced stigma during shopping.”<sup>9</sup> This change in policy was a positive step to addressing access issues and the AMA implores FNS to continue this program beyond the end of the PHE.

Moreover, the need for modern shopping options for WIC-participants, including online ordering, was evident even prior to the PHE. The Department’s Task Force on Supplemental Food Delivery in the WIC Program - Recommendations Report<sup>10</sup> highlighted the need to address food access issues for WIC-participants and urged swift and focused USDA action to partner with WIC providers, retailers, suppliers, technology experts, processors, and all other interested stakeholders to develop and implement modern, forward-looking solutions that streamline the WIC transaction. The AMA strongly supports this recommendation.

The AMA appreciates the Department working to increase the ability for WIC-participants to include more fruits and vegetables within their diet with the increased CVV amounts and variety of fruits and vegetables that can be redeemed. However, the AMA recommends requiring that canned fruits and vegetables meet minimum sugar and sodium standards. Additionally, the AMA urges the Department to extend and make permanent the ability for WIC-participants to order food packages to ensure that participants can adequately access fruits and vegetables.

### Juice

The proposed rule would make changes to the WIC food packages to reduce the maximum monthly allotment for juice for children, pregnant, and breastfeeding participants to 64 fluid ounces and remove the maximum monthly allotment for juice for postpartum participants. These changes would also allow recipients who have a juice allotment to convert their full juice amount to \$3 CVV to provide additional flexibility to accommodate special dietary needs, cultural and personal preferences, and align with a healthy dietary pattern as recommended by the DGA.

**The AMA appreciates the Department working to increase access to the nutrients found in fruit; however, due to the high sugar content in juice, the AMA recommends removing allotments for juice completely and instead converting the full juice amount to CVV to be used for the purchase of fruits and vegetables.**

Fruit juice was often thought of as a good source of vitamin C, calcium, and other nutrients but we now know that fruit juice is not a nutritional equivalent or substitute for vitamins and fibers in fresh, frozen, or canned fruit. This is in part because, like soda, juice can contribute to energy imbalance,<sup>11</sup> which can ultimately lead to the increased consumption of calories and sugar.

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<sup>9</sup> <https://publications.aap.org/pediatrics/article/149/2/e2021053889/184490/Caregiver-Perspectives-on-Underutilization-of-WIC?searchresult=1>.

<sup>10</sup> <https://www.fns.usda.gov/wic/food-delivery-task-force-recommendations-report>.

<sup>11</sup> Heyman, M. B., Abrams, S. A., Heitlinger, L. A., Cabana, M. deC., Gilger, M. A., Gugig, R., Hill, I. D., Lightdale, J. R., Daniels, S. R., Corkins, M. R., de Ferranti, S. D., Golden, N. H., Magge, S. N., & Schwarzenberg, S. J. (2017). Fruit juice in infants, children, and adolescents: Current recommendations. *Pediatrics*, 139(6). <https://doi.org/10.1542/peds.2017-0967>.

Due to the negative health effects associated with sugar, the American Heart Association (AHA) recommends that adult women consume no more than 6 teaspoons of sugar daily.<sup>12</sup> Moreover, children ages two and older should keep their sugar intake to less than 10 percent of their total daily calories while children younger than two should not be fed food or beverages with any added sugar.<sup>13</sup> Despite these recommendations, the average American adult consumes 77 grams of sugar a day.<sup>14</sup> Unfortunately, this number is even larger for children, with the average American child consuming 81 grams of sugar per day.<sup>15</sup>

Juice, even 100 percent juice, has a significant amount of sugar and in some cases has more sugar than soda. For example, many of the name brand soft drinks account for about 175% of an individual's recommended daily sugar intake, based on 6 teaspoons of sugar a day. Unfortunately, most juice including orange juice, grape juice, apple juice, pomegranate juice, and grapefruit juice can account for the same amount of sugar as soda, with some juice accounting for up to 203 percent of an individual's recommended daily sugar intake, based on 6 teaspoons of sugar a day.

Since juice often contains more than the daily recommended amount of sugar for a woman or child, negative health outcomes have been associated with increased juice consumption. For example, a study from 2019 that analyzed over 22 years' worth of data from more than 192,000 men and women found that drinking just 4 ounces more of sugary beverages, including 100 percent fruit juice, per day over the course of four years increased the risk of type 2 diabetes by 16 percent.<sup>16</sup> Additionally, a higher consumption of juice has been associated with weight gain.<sup>17</sup>

As obesity rates among children continue to rise, and the evidence that the sugar in juice has significant health consequences, it is important to ensure that the health effects of drinking juice are understood by WIC-participants. In order to promote this understanding, it is important that the WIC program does not differentiate between the amount of added sugar and "natural" sugar when determining the nutrition of juice. This is in part due to the fact that the FDA's added sugar label does not differentiate sugars that may come from natural sources but are heavily processed, like the sugars found in juice. In the case of juice, since all the sugar in the product comes from fruit, it is termed "natural." However, since the sugar is heavily processed, the property of the fruit has been altered, impacting the way in which bodies metabolize the sugar in juice.<sup>18</sup> As such, though juice does retain the vitamins found in fruit, it does not contain the fiber found in whole fruit which leads the sugar from juice to enter the blood stream quickly.

Since one medium-sized orange has about 10-13 grams of sugar, the 16 oz. orange juice contains four oranges' worth of sugar. If you were eating the actual fruit, you probably wouldn't consume anywhere close to this amount of sugar. Whole fruit contains fiber, which fills you up and keeps you from overeating. The cellular structure of fruit is also important – since your body has to break down the cells of the orange before the sugar can be released, the sugar is absorbed into the blood more slowly. Eating fruit raises your blood sugar levels, but in a slow and controlled manner, promoting fullness and preventing

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<sup>12</sup> <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/added-sugars>.

<sup>13</sup> <https://www.cdc.gov/nutrition/data-statistics/added-sugars.html>.

<sup>14</sup> <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/how-much-sugar-is-too-much>.

<sup>15</sup> <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/sugar/how-much-sugar-is-too-much>.

<sup>16</sup> <https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/sugary-drinks/>.

<sup>17</sup> <https://pubmed.ncbi.nlm.nih.gov/21696306/>.

<sup>18</sup> <https://sitn.hms.harvard.edu/flash/2015/natural-and-added-sugars-two-sides-of-the-same-coin/>.

overconsumption.... Even if you consume the same number of calories from whole fruit and juice, the metabolic effects are very different. Metabolically speaking, juice is much more similar to soda than it is to whole fruit.<sup>19</sup>

According to the AAP, babies 12 months or younger should not have any fruit or vegetable juice even if it is completely made up of fruits and/or vegetables.<sup>20</sup> Moreover, children between 12 months and two years do not need fruit juice.<sup>21</sup> The AAP also has found that “fruit juice offers no nutritional benefits over whole fruit for infants and children and has no essential role in healthy, balanced diets of children.”<sup>22</sup>

Furthermore, fruit juice and fruit drinks are easily overconsumed by toddlers and young children because they taste good. In addition, they are conveniently packaged or can be placed in a bottle or transportable covered cup and carried around during the day. Because juice is viewed as nutritious, limits on consumption are not usually set by parents. Therefore, instead of using juice to try and replace whole fruits, toddlers and young children should instead be encouraged to consume whole fruits. Overall, even though the amount of juice that has been provided by WIC historically has gone down, by continuing to make allowances for juice consumption, there is a high risk that children will be consuming elevated amounts of sugar. Therefore, the AMA recommends that the juice allotments be converted to CVV to be used for the purchase of fruits and vegetables.

#### Milk and Milk Substitutes

The proposed revisions to the WIC food packages would reduce the maximum monthly allotment of milk in all children, pregnant, postpartum, and breastfeeding participant food packages to be more consistent with the supplemental nature of the program and to not exceed recommended milk amounts. Additionally, the proposed changes would allow for increased flexibility for special dietary needs, and cultural and personal preferences, by requiring all WIC state agencies to authorize both fluid and lactose-free milk, increase yogurt substitution amounts and add soy-based yogurts and cheeses as substitution options for milk. Furthermore, the Department requested information on the availability of other plant-based beverages.

**The AMA agrees with many of the proposed revisions in the WIC food packages concerning milk and milk alternatives but recommends that the revisions include other plant-based alternatives that meet Federal WIC nutrient specifications.** Allowing for milk alternatives, including plant-based, would provide more options and accessibility for families to meet their dietary needs and preferences. Moreover, **the AMA supports the proposed reduction in the maximum monthly allotment of milk** as the change would still provide approximately 71-96 percent of the amount of dairy recommended by the DGA.

Though some of the dairy milk alternatives do not address the nutritional requirements for infants and toddlers, and the AAP does not recommend plant-based milk alternatives for infants under 12 months,<sup>23</sup>

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<sup>19</sup> <https://sitn.hms.harvard.edu/flash/2015/natural-and-added-sugars-two-sides-of-the-same-coin/>.

<sup>20</sup> <https://www.aap.org/en/news-room/news-releases/aap/2017/aap-recommends-no-fruit-juice-for-children-under-1-year/>.

<sup>21</sup> [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf#page=31](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31).

<sup>22</sup> <https://publications.aap.org/pediatrics/article/139/6/e20170967/38754/Fruit-Juice-in-Infants-Children-and-Adolescents>.

<sup>23</sup> <https://publications.aap.org/pediatrics/article-abstract/89/6/1105/57916/The-Use-of-Whole-Cow-s-Milk-in-Infancy?redirectedFrom=fulltext>.

plant-based milk alternatives can provide an adequate source of nutrients, including protein, calcium, iron, and vitamin D, for individuals who follow a plant-based diet or have lactose or casein intolerance (see chart below). As such, the AMA supports including dairy milk alternatives in WIC food packages.

Comparison of common unflavored milk alternatives								
	Whole Milk (1 cup)	Rice Milk (1 cup)	Soy Milk (1 cup)	Coconut Milk (1 cup)	Almond Milk (1 cup)	Oat Milk (1 cup)	Hemp Milk (1 cup)	Pea Milk (1 cup)
Energy (kcal)	149	115	105	76	37	130	70	80
Protein (g)	7.69	0.68	6.34	0.51	1.44	4	3	8
Total fat (g)	7.93	2.37	3.59	5.08	2.68	2.5	5	4.5
Saturated fat (g)	4.55	0	0.5	5.083	0	0	0.5	0.5
Cholesterol (mg)	24	0	0	0	0	0	0	0
Carbohydrate (g)	11.71	22.37	12	7.12	1.42	24	1	<1
Calcium (mg)	276	288	300	459	481	350	300	440
Iron (mg)	0.07	0.49	1.02	0.73	0.85	1.8	1.8	0
Vitamin D (IU)	128	96	108	96	96	100	100	110

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Providing dairy milk alternatives is an important step to ensuring that all WIC-participants are able to receive the nutrition that they need. Lactose intolerance is the predominant health status for people worldwide and a common condition among many Americans, especially African Americans, Asian Americans, and Native Americans, and often manifests in childhood. As such, it is important to find nutritional alternatives for these individuals since children with a cow’s milk allergy have “significant and progressively lower weight and height measurements throughout childhood that persist into adolescence.”<sup>25</sup> Additionally, adding milk alternatives is important for both children and breastfeeding mothers since if a breastfeeding infant is diagnosed with a cow’s milk protein allergy, the mother may have to remove cow’s milk from her diet while breastfeeding to ensure that the baby does not consume cow protein through breast milk.<sup>26</sup>

Therefore, it is important that a large variety of dairy substitutions are provided to WIC-participants including rice, coconut, almond, hemp, oat, and pea alternatives. It is especially important to expand dairy alternatives beyond soy within the WIC food package because according to the American College of Allergy, Asthma, and Immunology, “[i]n young children, soy is one of the most common food allergens

<sup>24</sup> <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Milk-Allergy-Foods-and-Ingredients-to-Avoid.aspx>.

<sup>25</sup> [https://publications.aap.org/pediatrics/article/146/Supplement\\_4/S350/74588/Persistent-Cow-s-Milk-Allergy-Is-Associated-With?searchresult=1](https://publications.aap.org/pediatrics/article/146/Supplement_4/S350/74588/Persistent-Cow-s-Milk-Allergy-Is-Associated-With?searchresult=1).

<sup>26</sup> <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Milk-Allergy-Foods-and-Ingredients-to-Avoid.aspx>.

[and] [t]ypically, allergic reactions first appear in infants and young children under 3....”<sup>27</sup> Moreover, 50 percent of infants that have a cow’s milk protein allergy have cross reactivity with soy protein.<sup>28</sup> As a result, states, such as Wisconsin, offer a non-soy, non-dairy, plant-based alternative in their child nutrition program that contains similar nutrients and vitamins to that of soy milk.<sup>29</sup> As such, the Department should consider the potential unintended consequence of offering only soy as an alternative to dairy as it revises WIC, and other federal food packages, since many children have both a dairy (lactose and casein) and soy intolerance. Furthermore, we encourage the Department to provide increased educational materials for families that qualify for WIC as well as WIC state agencies on the danger of some of the more common food allergies associated with items in the WIC program (such as dairy, soy, egg, and peanut), and the importance of immediately contacting a physician if a food allergy is suspected.

Due to the prevalence and increased consumption of dairy alternatives, as well as the Department’s amplified focus on cultural sensitivity, we encourage the Department to eliminate any requirements that would make a WIC-participant produce documentation of a disability or a special medical or dietary need in order to receive an alternative to cow’s milk. Americans are increasingly preferring alternative milk over cow’s milk, which can be seen by the fact that the weekly average purchases of cow’s milk declined 12 percent between 2013 and 2017 while purchases of almond, soy, and other plant-based products increased 36 percent during that same period.<sup>30</sup> Plant-based alternatives are widely available and easily accessible both in traditional grocery stores and via online delivery options. Moreover, unlike dairy milk, several of the plant-based milk alternatives do not need to be refrigerated and are shelf stable, making these alternatives more beneficial for families that lack the ability to keep food/beverages refrigerated and need items with a longer shelf life. Moreover, if the Department does require documentation to access WIC food package alternatives based on a medical, personal, or cultural preference, it is somewhat unclear from the proposal what specific requirements a participant would need to meet. **Therefore, the AMA encourages the Department to issue educational materials for both WIC-participants and WIC State agencies on the revised determination process.**

Further proposed changes to the WIC food packages are targeted at improving the nutritional value of the food included in the packages. Specifically, the proposed changes would permit only unflavored milk and reduce the total sugars allowed in yogurt and soy-based beverages to align with the DGA. The AMA is encouraged by the Department’s concern for sugar and added sugar in dairy milk and milk alternatives. Specifically, the AMA supports placing limits on total sugars in milk, milk alternatives, yogurt, and cheese. The FDA’s updated nutrition facts labels include both total and added sugar amounts making it easier for consumers to identify products that are allowable under WIC. As such, we recommend that the revisions by the Department incorporate both total and added sugar limits so that an accurate nutritional value is reflected and preclude flavored milk.

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<sup>27</sup> <https://acaai.org/allergies/allergic-conditions/food/soy/>.

<sup>28</sup> <https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Milk-Allergy-Foods-and-Ingredients-to-Avoid.aspx>.

<sup>29</sup> Example of a non-soy, non-dairy, plant-based milk [Protein 8g, Total fat 4.5g, Saturated fat 0.5g, Cholesterol 0mg, Carbohydrate 6g, Calcium 440mg, Iron 1.6 mg, Vitamin D 6mcg, Vitamin A 110mcg, Vitamin B12 2.5mcg]; <https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/list-of-allowable-fluid-milk-substitutes.pdf>.

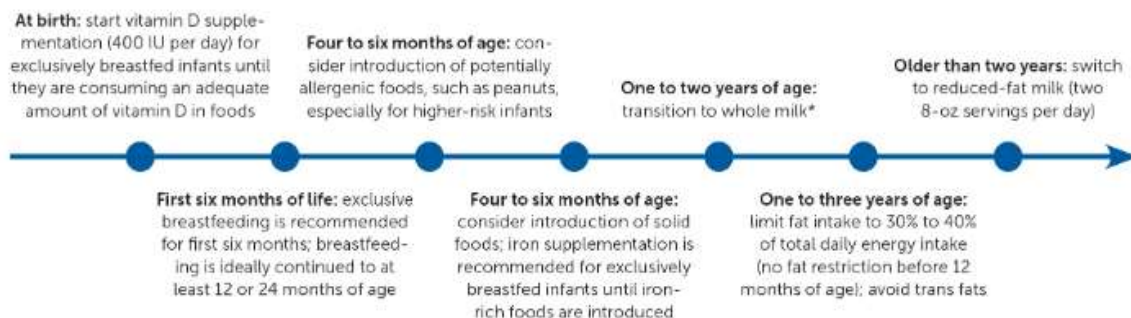
<sup>30</sup> <https://www.ers.usda.gov/amber-waves/2020/december/plant-based-products-replacing-cow-s-milk-but-the-impact-is-small/>.



Infant Foods

The proposed rule would reduce the amount of infant cereal for all infants ages six through 11 months. Moreover, the proposed rule would reduce the amounts of infant fruits, vegetables, and meat for fully breastfed infants to approximately 50 percent of the AAP-recommended amount. For fully breastfed infants, the proposed rule would reduce the amounts of fruits, vegetables, and meat to 100 percent of the AAP-recommended amounts with a maximum monthly allotment of 16 ounces of infant cereal, 128 ounces of infant fruits and vegetables, and 40 ounces of infant meat. The proposed rule would also lower the minimum age, from 9 to 6 months, for the option to substitute the CVV for infant fruits and vegetables and increase substitution amounts as well as and exclude added fats as an allowable ingredient in infant foods.

**The early introduction to fruits and vegetables into an infant’s diet is essential, as such, the AMA supports FNS’ proposed change to allow CVV amounts to be used for infants six months and older to purchase fruits and vegetables. The AMA also supports excluding added fats in infant foods. However, the AMA recommends that the WIC food packages meet 100 percent of the AAP recommended fruit and vegetable amounts for all WIC-participant infants four months and older.**



\*—Although the American Academy of Pediatrics supports the consideration of reduced-fat milk instead of whole milk in toddlers who are at risk of obesity or cardiovascular disease, early introduction of reduced-fat milk may ultimately increase the risk of obesity.

Timeline for introducing key foods when transitioning from the liquid-based infant diet.

The AAP recommends the introduction of solid foods for infants between four and six months old (see chart above). As such, decreasing the age, from nine to six months, at which the CVV can be used to substitute infant foods for fruits and vegetables brings WIC food packages closer to alignment with these guidelines. The WIC program, and the items that are covered in the WIC food packages, significantly impact the diet of infant and child WIC-participants. It has been found that children who are eligible for but do not receive WIC benefits consume less vegetables and fruits than children who are participating in WIC.<sup>32</sup> The AMA recommends that the amount of fruits and vegetables provided in the WIC package meet 100 percent of the AAP-recommended amounts for all WIC-participant infants four months and older.

<sup>31</sup> <https://www.aafp.org/pubs/afp/issues/2018/0815/p227.html>.

<sup>32</sup> <https://publications.aap.org/pediatrics/article/143/3/e20182274/76777/Food-and-Beverage-Intake-From-12-to-23-Months-by?searchresult=1>.

Full-term infants usually have sufficient iron stores and need little if any iron from external sources until they are four to six months old.<sup>33</sup> However, full-term infants between six and nine months have a risk of becoming iron deficient unless they obtain an adequate amount of solid foods that are rich in bioavailable iron or iron-fortified formula.<sup>34</sup> NASEM recommends the first foods introduced in an infant's diet be high in iron<sup>35</sup> and the AAP recommends that children should be fed whole fruit<sup>36</sup> and foods rich in vitamin C to improve iron absorption.<sup>37</sup> Since fruits and vegetables are good sources of vitamin C and iron<sup>38</sup> the proposal to increase CVV amounts that can be used for fruits and vegetables is a positive step. Moreover, infant cereal can also play an important role in decreasing iron deficiency in infants. For example, it has been found that "[i]ron-fortified infant rice cereal can contribute substantially to preventing iron deficiency anemia."<sup>39</sup> However, it is important to ensure that infant cereal is low in overall sugar, has no added sugar, and is not provided to children in a bottle. As such, it is important that WIC packages continue to cover an adequate amount of fruits and vegetables and that the foods covered, including infant cereal, have low sugar, no added fat, and a low sodium content so that WIC-participant infants and children can maintain a healthy diet.

#### Add Infant Formula Flexibilities and Create a Separate Food Package for Partially (Mostly) Breastfeeding Participants

This proposed rule would add flexibility to infant formula amounts by increasing the formula amounts in the first month for partially (mostly) breastfed infants and allowing all prescribed infant formula quantities to be considered "up to" amounts. Additionally, the proposed changes would create a separate and enhanced food package for partially (mostly) breastfeeding participants. Moreover, although the Department is not proposing revisions to the iron standard for infant formula, FNS requested public comment on the current iron standard of 1.5 milligrams of iron per 100 kcal, or 10 mg/L, with specific interest in the effects of reducing the standard while still preventing iron deficiency in infants.

**The AMA appreciates the addition of a separate enhanced food package for partially (mostly) breastfeeding participants and urges the Department to provide increased support for breastfeeding among WIC-participants, such as in the form of breastfeeding consultations and support groups. Additionally, the AMA recommends that the Department maintain the current iron standard for formula.**

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<sup>33</sup> Aggett PJ. Iron. In: Erdman JW, Macdonald IA, Zeisel SH, eds. *Present Knowledge in Nutrition*. 10th ed. Washington, DC: Wiley-Blackwell; 2012:506-20.

<sup>34</sup> <https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/>.

<sup>35</sup> National Academies of Sciences, Engineering, and Medicine. 2020. *Feeding Infants and Children from Birth to 24 Months: Summarizing Existing Guidance*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25747>.

<sup>36</sup> Heyman MB, Abrams SA; SECTION ON GASTROENTEROLOGY, HEPATOLOGY, AND NUTRITION; COMMITTEE ON NUTRITION. Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. *Pediatrics*. 2017 Jun;139(6):e20170967. doi: 10.1542/peds.2017-0967. PMID: 28562300.

<sup>37</sup> Baker RD, Greer FR; Committee on Nutrition American Academy of Pediatrics. Diagnosis and prevention of iron deficiency and iron-deficiency anemia in infants and young children (0-3 years of age). *Pediatrics*. 2010 Nov;126(5):1040-50. doi: 10.1542/peds.2010-2576. Epub 2010 Oct 5. PMID: 20923825.

<sup>38</sup> <https://www.cdc.gov/nutrition/infantandtoddlernutrition/vitamins-minerals/iron.html>.

<sup>39</sup> <https://publications.aap.org/pediatrics/article-abstract/91/5/976/58278/Effectiveness-of-Iron-Fortified-Infant-Cereal-in?redirectedFrom=fulltext>.

### *Iron Standard for Formula*

Iron is an essential part of the dietary needs of infants since chronic iron deficiency results in decreased cognitive function,<sup>40</sup> and may irreversibly adversely affect long-term neurodevelopment and behavior.<sup>41,42</sup> Unfortunately, approximately 12 percent of infants aged six to 11 months in the United States have inadequate iron intakes, and eight percent of toddlers have iron deficiency.<sup>43,44</sup> The prevalence of iron deficiency anemia in U.S. toddlers aged 12 to 35 months ranges from 0.9 percent to 4.4 percent depending on race, ethnicity, and socioeconomic status with 10.7 percent of toddlers enrolled in WIC having iron deficiency.<sup>45,46</sup> As such, iron-fortified infant formula plays an important role in the health of infants since it can help reduce iron deficiency in formula-fed and partially breastfed babies.

The amount of iron stores that an infant has depends upon whether the infant is born preterm or term. This is due to the fact that iron deficits in preterm infants increase with decreasing gestational age.<sup>47</sup> Preterm infants frequently require blood draws without adequate blood replacement thereby decreasing their iron stores. Additionally, the use of recombinant human erythropoietin to prevent transfusion therapy in preterm infants further depletes iron stores if additional supplemental iron is not provided. The highly variable iron status of preterm infants, along with their risks for iron deficiency and toxicity, precludes determining an exact requirement for infant iron supplements. However, it is estimated that infants need between two and four mg/kg per day when given orally, well above the current WIC standard for iron in formulas.

Standard infant formulas containing 10 to 12 mg/L of iron can meet the iron needs of infants for the first year of life.<sup>48</sup> In line with standard infant formulas, the current requirement for WIC formula is to contain 10 milligrams of iron per liter of formula. Moreover, the NASEM review of current WIC food packages found that the current iron requirement for infant formula supports the needs of infants ages 0 to less than 12 months, without exceeding the upper limit for this age group. Additionally, NASEM found that there was inadequate evidence available to support changing the concentration of iron required in WIC-eligible formula. We believe that the WIC iron requirement should not be reduced below the current standard since this would lead to decreased iron availability for a population that is at increased risk of iron deficiency due to WIC-participants' socioeconomic status. Therefore, though the AMA appreciates that

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<sup>40</sup> Argie Gingoyon, Cornelia M. Borkhoff, Christine Koroshegyi, Eva Mamak, Catherine S. Birken, Jonathon L. Maguire, Darcy Fehlings, Colin Macarthur, Patricia C. Parkin; Chronic Iron Deficiency and Cognitive Function in Early Childhood. *Pediatrics* December 2022; 150 (6): e2021055926. 10.1542/peds.2021-055926

<sup>41</sup> Lozoff B, Jimenez E, Smith JB. Double burden of iron deficiency in infancy and low socioeconomic status: a longitudinal analysis of cognitive test scores to age 19 years. *Arch Pediatr Adolesc Med.* 2006;160(11):1108 – 1113

<sup>42</sup> Bruner AB, Joffe A, Duggan AK, Casella JF, Brandt J. Randomized study of cognitive effects of iron supplementation in nonanemic iron-deficient adolescent girls. *Lancet.* 1996;348(9033):992–996

<sup>43</sup> Brotanek JM, Gosz J, Weitzman M, Flores G. Iron deficiency in early childhood in the United States: risk factors and racial/ethnic disparities. *Pediatrics* 2007;120:568-75.

<sup>44</sup> Butte NF, Fox MK, Briefel RR, Siega-Riz AM, Dwyer JT, Deming DM, et al. Nutrient intakes of US infants, toddlers, and preschoolers meet or exceed dietary reference intakes. *J Am Diet Assoc* 2010;110:S27-37.

<sup>45</sup> Baker RD, Greer FR. Diagnosis and prevention of iron deficiency and iron-deficiency anemia in infants and young children (0-3 years of age). *Pediatrics* 2010;126:1040-50.

<sup>46</sup> <https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/>.

<sup>47</sup> Baker RD, Greer FR; Committee on Nutrition American Academy of Pediatrics. Diagnosis and prevention of iron deficiency and iron-deficiency anemia in infants and young children (0-3 years of age). *Pediatrics.* 2010 Nov;126(5):1040-50. doi: 10.1542/peds.2010-2576. Epub 2010 Oct 5. PMID: 20923825.

<sup>48</sup> <https://www.cdc.gov/nutrition/InfantandToddlerNutrition/vitamins-minerals/iron.html>.

WIC has recognized the varying dietary requirements that premature infants have by creating the Food Package III, **we urge FNS to support standards in line with the recommended daily intake of iron for infants per AAP guidelines and not reduce WIC formula iron requirements.**

### *Breastfeeding*

Although the AMA recommends exclusive breastfeeding for about six months, 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, any amount of breastfeeding is preferable to no breastfeeding. The AMA appreciates the Department's commitment to supporting breastfeeding by adding formula flexibilities and creating a separate food package for partially (mostly) breastfeeding participants.

The evidence of human milk increasing the health of infants, children, and mothers is scientific, robust, and continually reaffirmed by new research.<sup>49</sup> For example, breastfed infants, are at a lower risk for certain infections and sudden unexplained infant death.<sup>50,51</sup> Moreover, any breastfeeding, compared with exclusive commercial infant formula feeding, will have positive health outcomes including reducing the incidence of otitis media (OM) by 23 percent.<sup>52</sup> Additionally, breastfeeding reduces the severity (duration of hospitalization and oxygen requirements) of respiratory syncytial virus bronchiolitis by 74 percent for infants who breastfeed exclusively for 4 months.<sup>53</sup> Furthermore any breastfeeding is associated with a 64 percent reduction in the incidence of nonspecific gastrointestinal tract infections.<sup>54,55, 56</sup>

Due to the numerous health benefits associated with breastfeeding, the FNS proposed change is intended to encourage participants in the early postpartum period who are not certain they can succeed at breastfeeding to try to breastfeed. Consistent with current requirements, the amount of formula provided would be tailored based on an individual nutrition and breastfeeding assessment and would not exceed the maximum of 364 fluid ounces per month. The AMA appreciates this change to maximize the potential for

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<sup>49</sup> Benefits of Breastfeeding. AAP.org. <https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/Breastfeeding/Pages/Benefits-of-Breastfeeding.aspx>. Published 2020. Accessed January 22, 2020.

<sup>50</sup> Making the decision to breastfeed | womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed January 22, 2020.

<sup>51</sup> Breastfeeding Report Card, 2020. Centers for Disease Control and Prevention; 2020. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Accessed March 24, 2021.

<sup>52</sup> G Ip S, Chung M, Raman G, et al; Tufts-New England Medical Center Evidence-based Practice Center. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Rep Technol Assess (Full Rep)*. 2007;153(153):1–186

<sup>53</sup> Nishimura T, Suzue J, Kaji H. Breastfeeding reduces the severity of respiratory syncytial virus infection among young infants: a multi-center prospective study. *Pediatr Int*. 2009;51(6):812–816

<sup>54</sup> Ip S, Chung M, Raman G, et al; Tufts-New England Medical Center Evidence-based Practice Center. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Rep Technol Assess (Full Rep)*. 2007;153(153):1–186.

<sup>55</sup> Quigley MA, Kelly YJ, Sacker A. Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study. *Pediatrics*. 2007;119(4). Available at: [www.pediatrics.org/cgi/content/full/119/4/e837](http://www.pediatrics.org/cgi/content/full/119/4/e837).

<sup>56</sup> SECTION ON BREASTFEEDING, Arthur I. Eidelman, Richard J. Schanler, Margreete Johnston, Susan Landers, Larry Noble, Kinga Szucs, Laura Viehmann; Breastfeeding and the Use of Human Milk. *Pediatrics* March 2012; 129 (3): e827–e841. 10.1542/peds.2011-3552.

women to achieve exclusive breastfeeding goals, or successful partial breastfeeding when exclusive breastfeeding is not possible. Furthermore, the AMA supports the concept that the parent's decision to use infant formula, as well as the choice of which formula, should be preceded by consultation with a physician.

Finally, the AMA supports nutrition and breastfeeding education and believes that breastfeeding support should be utilized to maximize the potential for women to achieve exclusive breastfeeding. The AMA appreciates that the WIC package provides some breastfeeding support<sup>57</sup> but would support additional in-person breastfeeding and lactation support throughout the entire period that a mother desires to breastfeed. "Although there is an increasing trend for more mothers to initiate breastfeeding in the US, there is a rapid decline after initiation, and racial (and socioeconomic) disparities persist."<sup>58,59</sup> Overall, women who receive breastfeeding support, especially face to face support, are less likely to discontinue breastfeeding before at least six months postpartum.<sup>60</sup> Therefore, support in this area should be bolstered.

### Breakfast cereals

FNS is proposing to change the definition of whole grain to align the WIC whole grain criteria with the FNS Child Nutrition Programs' whole grain criteria, which requires that whole grain breakfast cereals contain a whole grain as the first ingredient. This proposed change would require that all WIC-eligible breakfast cereals meet the criteria for whole grain cereal. Moreover, the nutritional requirement for breakfast cereal would eliminate corn and rice-based cereals.<sup>61</sup>

**The AMA applauds FNS for changing its cereal requirements to allow for only whole grain cereal and encourages FNS to maintain a total sugars limit for breakfast cereals rather than an added sugars limit.**

Whole grains have numerous health benefits including reducing the risk of heart disease, supporting healthy digestion, providing magnesium and selenium, and aiding in weight management.<sup>62</sup> Furthermore, individuals who eat more whole grains "are at lower risk for developing...diabetes, obesity and certain gastrointestinal disorders."<sup>63</sup> Likewise, consuming grain products that also contain folate while pregnant prevents neural tube defects.<sup>64</sup>

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<sup>57</sup> <https://wicbreastfeeding.fns.usda.gov/get-support-wic>.

<sup>58</sup> <https://publications.aap.org/pediatrics/article/147/3/MeetingAbstract/332/5178/Addressing-Community-Gaps-in-Breastfeeding-Support?searchresult=1>.

<sup>59</sup> [https://www.healthychildren.org/English/news/Pages/pediatricians-say-breastfeeding-parents-need-more-support.aspx?\\_ga=2.58482286.59013099.1675877423-922552017.1673984649&\\_gl=1\\*17d4ig\\*\\_ga\\*OTIyNTUyMDE3LjE2NzYyMjkyNzkuMC4wLjA.TY3NjIyOTE3MS4xNS4xLjE2NzYyMjkyNzkuMC4wLjA](https://www.healthychildren.org/English/news/Pages/pediatricians-say-breastfeeding-parents-need-more-support.aspx?_ga=2.58482286.59013099.1675877423-922552017.1673984649&_gl=1*17d4ig*_ga*OTIyNTUyMDE3LjE2NzYyMjkyNzkuMC4wLjA.TY3NjIyOTE3MS4xNS4xLjE2NzYyMjkyNzkuMC4wLjA).

<sup>60</sup> <https://www.aafp.org/pubs/afp/issues/2013/0201/p176.html>.

<sup>61</sup> <https://www.federalregister.gov/d/2022-24705/p-199>.

<sup>62</sup> <https://www.myplate.gov/eat-healthy/grains#mp-half-hero-706275>.

<sup>63</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7599874/>.

<sup>64</sup> <https://www.myplate.gov/eat-healthy/grains#mp-half-hero-706275>.

However, according to the USDA most Americans do not eat enough whole grains:

Daily Recommendations*			
		Total Grains in ounce-equivalents	Whole Grains in ounce- equivalents
<b>Toddlers</b>	12 to 23 months	1¾ to 3 oz-equiv	1½ to 2 oz-equiv
<b>Children</b>	2-4 yrs	3 to 5 oz-equiv	1½ to 3 oz-equiv
	5-8 yrs	4 to 6 oz-equiv	2 to 3 oz-equiv
<b>Girls</b>	9-13 yrs	5 to 7 oz-equiv	2½ to 3½ oz-equiv
	14-18 yrs	6 to 8 oz-equiv	3 to 4 oz-equiv
<b>Boys</b>	9-13 yrs	5 to 9 oz-equiv	3 to 4½ oz-equiv
	14-18 yrs	6 to 10 oz-equiv	3 to 5 oz-equiv
<b>Women</b>	19-30 yrs	6 to 8 oz-equiv	3 to 4 oz-equiv
	31-59 yrs	5 to 7 oz-equiv	3 to 3½ oz-equiv
	60+ yrs	5 to 7 oz-equiv	3 to 3½ oz-equiv

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Cereal can be an excellent source of whole grains; however, refined cereal ingredients do not have the same health benefits as whole grain cereals.<sup>66</sup> According to the Cereals and Grains Association, “whole grains consist of the intact, ground, cracked, flaked, or otherwise processed kernel after the removal of inedible parts such as the hull and husk. All anatomical components, including the endosperm, germ, and bran must be present in the same relative proportions as in the intact kernel.”<sup>67</sup>

Around 60 percent of whole grains consumed by Americans comes from cereals and crackers, with breakfast cereals and bars being the top contributor to whole-grain intake for children younger than 9 years old.<sup>68</sup> In 2009, when the USDA instituted changes in the WIC package to include more whole grains, positive health outcomes followed including an increased consumption of whole grains.<sup>69</sup> As such, WIC updating its food package to only cover whole grain breakfast cereals will most likely increase the consumption of whole grains by WIC-participants, in line with the Healthy People 2030 objectives.<sup>70</sup>

However, it is important that the WIC food package does not alter its sugar limits for breakfast cereals by considering only added sugars. Many cereals on the market are sources of excess sugar, and a public

<sup>65</sup> <https://www.myplate.gov/eat-healthy/grains>.

<sup>66</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7599874/>.

<sup>67</sup> <https://www.cerealsgrains.org/resources/definitions/Pages/HarmonizedWGFoodIngredientDefinition.aspx>.

<sup>68</sup> [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf#page=31](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31).

<sup>69</sup> <https://publications.aap.org/pediatrics/article/147/4/e2020032375/180761/Better-Diet-Quality-in-the-Healthy-Hunger-Free?searchresult=1>.

<sup>70</sup> <https://www.cdc.gov/nccdphp/dnpao/division-information/data-stats/healthy-people-2030.html>.

health concern, especially in the diets of children and toddlers. In fact, cereals and cereal bars account for about 7 percent of added sugars in Americans' diets, starting at age one.<sup>71</sup>

High sugar cereals increase children's overall sugar intake and significantly reduce the nutritional quality of their breakfast.<sup>72</sup> Even cereal that contains whole grains as its first ingredient can have an excessive amount of sugar. For example, many name brand, whole grain oat and wheat cereal contain 12 grams of sugar per serving which accounts for 47 percent of an individual's daily recommended amount based on 6 teaspoons of sugar per day.

As noted above, in the Juice Section, the average American child regularly consumes sugar in extreme excess to what is recommended. However, when provided with lower sugar cereals, children will eat them.<sup>73</sup> As such, WIC should not change how it considers sugar in cereal since that will likely increase the overall consumption of sugar by WIC-participants. Moreover, the AMA supports the elimination of corn and rice-based cereals which are known sources of added sugar.

#### Whole Wheat Bread, Whole Grain Bread, and Other Whole Grain Options

The Department is proposing to reduce the amount of bread provided to children to a maximum monthly allotment of 24 ounces, increase the amount of bread provided to pregnant, postpartum, and breastfeeding participants to a maximum monthly allotment of 48 ounces, change the criteria for WIC-eligible whole grain breads to contain at least 50 percent whole grains with the remaining grains being either enriched or whole grains and comply with FDA standards. Moreover, the Department is proposing to expand whole grain options to add: quinoa, wild rice, millet, triticale, amaranth, kamut, sorghum, wheat berries, tortillas made with folic acid-fortified corn masa flour (once available in the marketplace), corn meal (including blue), teff, buckwheat, whole wheat pita, whole wheat English muffins, whole wheat bagels, and whole wheat naan.

**The AMA supports the proposed revised definition of whole grain and the expanded whole grain options. However, the AMA recommends that the WIC food package require that the whole grain options contain at least 51 percent whole grain in alignment with recommendations from the AHA.<sup>74</sup>**

As noted above in the Cereal Section the average American woman and child is not getting enough whole grains in their diets. Covering whole wheat bread will ensure that the bread is high in iron which is a key nutrient during pregnancy and supports fetal development.<sup>75</sup> Moreover, ensuring that the bread covered in the WIC food package is enriched will help ensure that the bread is high in folate which is especially important for women in their first trimester to prevent neural tube defects in developing fetuses.<sup>76</sup>

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<sup>71</sup> [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf#page=31](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31).

<sup>72</sup> <https://publications.aap.org/pediatrics/article-abstract/127/1/71/30015/Effects-of-Serving-High-Sugar-Cereals-on-Children?redirectedFrom=fulltext>.

<sup>73</sup> <https://publications.aap.org/pediatrics/article-abstract/127/1/71/30015/Effects-of-Serving-High-Sugar-Cereals-on-Children?redirectedFrom=fulltext>.

<sup>74</sup> <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/whole-grains-refined-grains-and-dietary-fiber>.

<sup>75</sup> [https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary\\_Guidelines\\_for\\_Americans-2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf).

<sup>76</sup> [https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary\\_Guidelines\\_for\\_Americans-2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf).

Moreover, the AMA appreciates that the grain section will cover additional sources of whole grain to help align with personal and cultural preferences. In line with these proposed changes, the AMA recommends that WIC food packages provide culturally effective guidelines that include listing an array of ethnic staples and using multicultural symbols to depict serving size in their Dietary Guidelines. Overall, the AMA appreciates these proposed changes and recognizes the importance of increased whole grain consumption.

### Legumes and Eggs

The proposed changes would require State agencies to authorize canned legumes in addition to dried legumes. Additionally, it would require State agencies to allow the substitution of eggs with legumes and peanut butter if a participant has an egg allergy, is vegan, or for other reasons (e.g., cultural preferences) as determined by State agency policy. Moreover, the proposed changes would allow State agencies the option to authorize tofu as a substitute for eggs. In line with these proposed changes, the Department has requested public comment on allowing other nut and seed butters to be a substitute for legumes or peanut butter to better accommodate participants with food allergies.

Legumes and eggs play a key role in ensuring participants receive the recommended amount of protein and are also good sources of iron and choline. However, many WIC-participants are allergic to items in this category, especially peanut butter, and require an alternative.

According to the American Academy of Allergy, Asthma, and Immunology, a peanut allergy is one of the eight most common food allergies, and it affects approximately one to two percent of the U.S. population.<sup>77</sup> “Peanut allergy typically starts in childhood and persists throughout life... Infants with severe eczema and/or egg allergy have a higher risk of being allergic to peanuts, and should be screened for a peanut allergy.”<sup>78</sup> However, most individuals with a peanut allergy can tolerate other legumes, such as peas, soybeans, lentils, and chickpeas since fewer than 5-10 percent of peanut allergic people have an allergy to other legumes.<sup>79</sup> Moreover, the majority of individuals with a peanut allergy are also able to tolerate tree nuts (almond, Brazil nut, cashew, hazelnut, pecan, pistachio, walnut). Therefore, **the AMA is supportive of the proposed substitution but recommends that the revised rule provide additional guidance and offer specific recommendations on which nut and seed butters would meet the same nutrient requirements as peanut butter or legumes.** A primary concern is that some of the potential alternatives may have high concentrations of added sugar, sodium, and saturated fat. However, a wide variety of nut and seed butters (such as almond butter and sunflower seed butter) are available at local grocery stores and via online delivery. The addition of more peanut butter substitutions could offer WIC-participants with a food allergy or alternate preference supplementary choices that meet both their nutritional and cultural needs. Limiting the alternatives to many of the standard offerings in the WIC packages may have the unintended consequence of potentially barring qualified families from participating in the WIC program because the selection of food and beverage choices is not in alignment with their medical needs or their cultural, ethnic, or religious preferences. We therefore believe that the additional proposed substitutions should be allowed.

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<sup>77</sup> <https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/peanut-allergy>.

<sup>78</sup> <https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/peanut-allergy>.

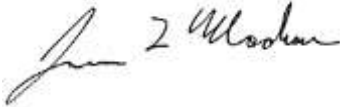
<sup>79</sup> <https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/peanut-allergy>.



The Honorable Thomas J. Vilsack  
February 21, 2023  
Page 17

Thank you for considering the AMA's comments. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara". The signature is written in a cursive, slightly slanted style.

James L. Madara, MD