

May 16, 2023

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

Re: FNS-2022-0015—Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Online Ordering and Transactions and Food Delivery Revisions to Meet the Needs of a Modern, Data-Driven Program

Dear Secretary Vilsack:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to offer comments to the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) on the [“Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\): Online Ordering and Transactions and Food Delivery Revisions to Meet the Needs of a Modern, Data-Driven Program”](#) proposed rule.

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. 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. We also appreciate prior efforts by FNS to solicit feedback from a variety of perspectives on ways the program can be improved, including soliciting feedback from state agencies on temporary waivers granted as part of the COVID–19 pandemic response, surveying WIC participants on their experiences and preferences, and a report submitted by the Task Force on Supplemental Foods Delivery, which represents 18 WIC stakeholder organizations. We recognize that many of these efforts are reflected in the proposals included in this proposed rule.

Overall, the AMA appreciates and supports the Department’s efforts to promote innovation and expand access to nutritious foods for WIC participants. By removing barriers to online ordering and internet-based transactions, harmonizing the near-complete transition to electronic benefit transfer (EBT), and modernizing regulations to support food delivery and minimize burden on WIC food suppliers, FNS will modernize the WIC program and increase accessibility so that WIC can meet the evolving needs of the millions who rely on the benefit.

Remote Issuing of WIC Benefits and Electronic Payment

Current WIC regulations require participants to pick up vouchers or EBT cards in person. However, participants have reported that the time and money spent traveling to a WIC clinic to pick up food vouchers or EBT cards is a significant barrier to participation in the program.

During the COVID-19 pandemic, states were granted emergency authority to issue WIC benefits to participants remotely. As the proposed rule notes, “most all WIC State agencies reported that the ‘remote benefit issuance waivers made WIC safer, more accessible, and more convenient for participants’ schedules during the pandemic.” Additionally, WIC participants have described how electronic benefit transfer cards have [eased the use of benefits](#).

The rule proposes to make this flexibility permanent by encouraging all state agencies to remotely issue electronic benefits and mail EBT cards “whenever possible.” FNS predicts that this will reduce the number of clinic visits that WIC participants are required to make, saving over one million hours in cumulative travel time from this provision alone.

The AMA strongly supports the proposal to encourage remote issuing of WIC benefits. Doing so would make WIC benefits more accessible, reduce inequities, and save WIC participants time and money. The AMA also appreciates FNS’ special consideration for certain WIC participant populations, including those living in rural areas, for whom traveling to a central location can pose a unique burden, and those with special dietary needs who may require supplemental food substitutions that may not be readily available at the closest WIC-authorized grocery store. In addition, the AMA appreciates that participants who receive their benefits remotely would continue to have access to nutrition education, which is important for promoting healthy food and lifestyle choices and reducing downstream chronic health issues, which can disproportionately impact minoritized and other historically underserved populations.

Moreover, the AMA supports allowing state agencies to develop and test mobile payment options. When combined with the other policies proposed in this rule, this transition has the potential to make the entire WIC food ordering and delivery system completely virtual, which could significantly strengthen the program by ensuring reliable access to nutritious food for WIC participants, particularly those with mobility issues, limited access to transportation, or other challenges.

Online Ordering and Expanded Vendor Flexibilities

Current WIC regulations require that food purchase transactions occur within a brick-and-mortar store, which can be a barrier for WIC participants in travel time and expense, particularly for those with mobility limitations, limited access to transportation, or special dietary needs. The proposed rule would permanently remove barriers to online ordering and internet-based transactions in WIC. Specifically, the proposed revisions would provide state agencies with the flexibility to offer online shopping to participants and allow internet and mobile vendors with safeguards to ensure program integrity.

During the COVID-19 public health emergency, WIC participants were able to place online orders, though these flexibilities were only temporary. The proposed rule cites a national survey of more than 26,000 WIC participants in which more than two-thirds of those surveyed wanted the ability to order online or by phone. In [another study](#), WIC participants described that smartphone apps reduced stigma during shopping. Moreover, the Department’s Task Force [Recommendations Report](#) urged the USDA to partner with stakeholders to modernize and streamline the WIC transaction process even prior to COVID-19.

The AMA supports sustainable food supply chains to increase access to affordable nutritious foods. As such, the AMA strongly supports these proposals to modernize WIC ordering policies to allow online ordering and expand to internet and mobile vendors while maintaining compliance with federal standards. Specifically, we support removing outdated language which stipulates that WIC shoppers must sign or enter a PIN in the presence of a cashier and that vendors must have a “single, fixed location.” We further

support creating new definitions for internet and mobile vendors and removing the stipulation that mobile vendors must have a certificate of special need. We believe expanding this definition to include online and mobile vendors will help to expand the overall number of WIC vendors, which will increase access to nutritious food for WIC participants, particularly those located in food deserts, rural, and other underserved areas.

Based on this same logic, the AMA would support authorizing vendors that sell a specific subset of supplemental foods, which would expand access to affordable, fresh produce and other nutrient-dense foods. The AMA also commends the Department for its intention to specifically engage small, minority-owned, and tribal-owned stores, which we believe will expand access to nutritious and culturally appropriate food for these communities and help to overcome current food-based inequities affecting historically minoritized and underserved groups.

The AMA believes that the proposed oversight flexibilities are reasonable, specifically allowing state agencies to develop virtual methods of oversight, including virtual visits, to ensure that their monitoring methods are appropriate considering the vendor type (e.g., internet vendors) and current conditions (such as natural disasters or public health emergencies).

In addition to expanding to mobile and internet vendors, this proposed rule would also reduce vendor burden by removing shelf price collection requirements (which are no longer necessary with EBT's automatic daily price updates) and extending vendor application agreement periods from three to five years. These proposed changes stand to substantially decrease the reporting and recordkeeping burden hours for WIC vendors. Specifically, if these proposed changes are implemented, the Department [estimates](#) a net decrease in reporting burden hours for WIC vendors of 143 hours per year, resulting in a five-year savings of \$18.4 million in administrative costs for WIC vendors. The AMA [recognizes](#) that empowering resident businesses to support sustainable local food supply chains is an important way to increase access to affordable nutrient-dense healthy food and mitigate health disparities due to unequal food access. Therefore, **the AMA supports these proposals to decrease vendor burden since it will save time, money, and will increase the ability of vendors, particularly small and minority-owned vendors, to comply with WIC requirements, thereby increasing the number of eligible WIC vendors and overall access to food for WIC participants.**

Patient Protections

The AMA commends and supports FNS for continuing to enforce several WIC participant protections in an online setting, including that WIC shoppers are made aware of the total purchase price of a transaction before the transaction is completed, allowing benefits to be returned to the participant's balance when an online order is not fulfilled, and allowing additional time for participants to use returned electronic benefits to purchase foods. These important protections will help to ensure WIC participants are empowered to make the best choices and access healthy and nutritious foods for themselves and their families. We further commend FNS for not only upholding existing WIC participant protections, but also proposing new protections. Specifically, FNS proposes that vendors must include WIC shoppers in their recall exchange policies, which the AMA fully supports. The AMA commends FNS for proposing to provide technical assistance for online shopping platforms and ensuring communications about program changes are accessible in appropriate languages and alternative formats for all participants and vendors, which is critical to ensuring all WIC participants benefit from the advantages of these proposed changes and to avoid exacerbating inequities.

Food Delivery

The Department has proposed to clarify that state agencies may use a combination of food distribution systems to ensure adequate participant access to supplemental foods and that moving forward this may include home delivery on a permanent basis beyond the COVID-19 PHE. The proposed rule cites a survey of more than 26,000 WIC participants who indicated a strong interest in expanded WIC shopping options, including home delivery options. One-third even expressed willingness to pay an additional out-of-pocket fee for home delivery.

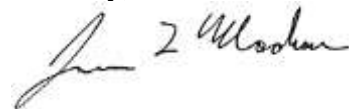
Currently, although 11 million people are eligible for WIC, only about half are enrolled. Of those enrolled, [many do not use the full extent](#) of services offered. Therefore, we support the Department considering the overall impact of a lack of access to grocery stores that participate in the WIC program, and the inability of participants to take full advantage of WIC. For the highest priority populations, such as pregnant individuals and infants, living in areas where there are few stores, let alone stores that participate in WIC, makes the problem of access to nutrient-dense healthy foods such as fruits and vegetables a major obstacle to health. The AMA [recognizes](#) that historically marginalized groups disproportionately suffer from food access inequalities. We further recognize that food access inequalities are a major contributor to health inequities.

The AMA supports the development and implementation of evidence-based innovative models to address food insecurity, including food delivery and transportation services. Accordingly, **the AMA applauds the WIC program for recognizing the benefits of allowing food delivery, and supports the proposals put forth and supports WIC allowing federal and state governments to use funds towards food delivery fees.** The AMA further supports the flexibility to allow food to be delivered to “a location designated by the participant or State agency” instead of limiting delivery to a participant’s home. We believe this provides important flexibility for WIC participants to be able to receive nutritious food amid busy lives that often include caring for a child or elderly parent and commuting to work.

Conclusion

Overall, the AMA supports the proposed revisions in this rule, which are intended to modernize the WIC program to support current technology and future innovation and expand opportunities for the retail grocery industry to innovate in ways that benefit WIC participants and expand access. 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 or 202-789-7409.

Sincerely,



James L. Madara, MD