

Supported – California WIC Program

Supported	Fed Register Reference Interim Rule	Comments
	IV. Discussion of Proposed Provisions	
	Page 68978 IV.C.8.d Maximum monthly infant formula allowances based on age of infant.	Supports the American Academy's Pediatrics (AAP) infant feeding guidelines and WIC nutrition education message on the importance of no solids before six months of age and complementary feeding.
	Page 68979 IV.C.8.e. & (1) Infant food fruits, vegetables and meats Fresh bananas for up to 16 oz of infant fruit at a rate of 1lb/8 oz infant fruit.	Provides additional nutritional value and supports WIC nutrition education on the importance of complementary feeding and increased intake of fruits and vegetables. We support the addition of meat (a good source of iron) in foods for infants 6-11 months. The American Academy of Pediatrics recommends foods rich in iron be introduced gradually beginning around 6 months of age.
	Page 68979 IV.C.8.e. Eliminate juice from infant food packages	
	Decreased milk, juice, and eggs Page 68972 IV.C.3.a. Milk 68974 IV.C.4. Eggs 68974 IV.C.5. Juice	
	Page 68967 IV.A.1. Nutrition Services and Breastfeeding Support for Partially Breastfeeding Receive no Food Package	We agree that providing nutrition education, breastfeeding support and referrals is important to assist women to breastfeed and breast pumps are part of breastfeeding support services.

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Section 246.10 Supplemental Foods	
Page 68986 (e) (1) and (2) Food Packages I and II	The proposed changes in food packages I and II support the nutrition education messages provided at WIC and the recommendations of the AAP. The increased amount of formula supplied in package IB mimics the increase in breastmilk at this age in response to the baby's increased appetite. Having the additional formula will help parents meet their baby's hunger without starting complementary food too early. The addition of infant food fruits and vegetables for all babies and infant food meat for fully breastfed babies to food package II reinforces the importance of introducing complementary food while decreasing the reliance on formula for meeting the baby's caloric needs.
Page 68986 (e) (1) (i) Birth through age five months	This change supports the nutrition education provided by WIC and the American Academy of Pediatrics infant feeding recommendations.
Page 68987 (e) (1) (ii) (A) Feeding option for birth to one month	We support the additional category of "partially breastfeeding" infants. The additional categories: 1) give us a better picture of the type of feeding infants receive and 2) allow us to base the amount of the infant's formula and food according to the amount of breastmilk the infant receives.
Page 68987 (e) (1) (ii) (B) Feeding options for one through five months	
Page 68987 (e) (1) (ii) (A) No routine issuance of formula. Partially breastfed infants receive 104 fl oz reconstituted powder formula	California supports not routinely issuing formula in the first 30 days of life. We support the flexibility for states to establish policy regarding this issue.
Page 68987 (e) (2) (iv) Delay introduction of complementary foods until six months of age	Supports the American Academy's Pediatrics infant feeding guidelines and WIC nutrition education message on the importance of no solids before six months of age and appropriate complementary feeding.
Page 68987 (e) (1) (iii) Prohibits the issuance of low-iron formula	This has been the long-standing policy for California WIC.

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Page 68988 (e) (5) and (6) Partially Breastfeeding women food package based on infant's age and amount of formula provided.	
Page 68988 (e) 7 Food Package VII Fully Breastfeeding	Our data from October and November 2009 indicates the new food package provides an incentive to fully breastfeed rather than partially breastfeed.
Page 68989 Table 1 Footnote 10 Maximum Monthly Allowance of Infant Formula	We fully support giving additional formula to infants receiving Food Package III who are 6 months of age or greater whose medical condition prevents them from consuming infant foods.
Page 68989 (e) (10) Table 2 Fruit and Vegetable Cash Value Vouchers	We support the cash value voucher approach to offering fruits and vegetables to participants and have received much positive feedback from participants since implementing on October 1, 2009. They like the flexibility and variety that is allowed with this food instrument. We support the recent increase to \$10 of fruit and vegetables for all women. We recommend providing an \$8 cash-value benefit for all children as recommended by the IOM and increasing the fully breastfeeding benefit by \$2 to maintain it as an incentive.
Page 68990 (e) (10) Table 2 footnote 11 Maximum milk substitution – 4:1 women & children, 6:1 breastfeeding women	
Page 68993 (e) (12) Table 4 Increased quantity & variety of canned fish	We support the increased quantity and variety of canned fish offered to fully breastfeeding women.

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246.12 Food Delivery Systems	
Page 68995 (x) Allowing participants to pay over the maximum allowed on cash value voucher for fruits and vegetables	Participants are able to maximize their benefit and there have been no reported problems with these transactions.

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Page 68968. B. 2. Prohibiting categorical nutrition tailoring	We recommend retaining the categorical nutrition tailoring option allowed under the old rule This permits states to make proposals that are responsive to the needs of participants while maintaining the nutritional value of the food package. There are times when due to changes in the food industry, science, and environmental factors, a change in a food package may be warranted more quickly than can be addressed by the regulatory process.
Page 68989 (e) (10), (11), (12) Tables 2, 3, and 4 Substitution of cheese for fully breastfeeding women	Food package VII includes cheese but offers no option for substitution with milk or milk alternates. To accommodate cultural dietary preferences, we recommend that states be given the flexibility to offer these other choices in place of cheese.
Page 68974 C.3.d.(3) Yogurt as milk substitute	Allow yogurt as a substitute for milk at the state's discretion. Results indicated that this was a popular option among the participants in the California Yogurt Pilot. Please see the California Yogurt Pilot Final Report.
Page 68968 B.2. Nutrition tailoring Effects Page 69004 (B) Supplemental Foods Page 68986 (c) Nutrition Tailoring Full amount of maximum monthly allowances of all supplemental foods and food packages must be made available to participants.	<p>Under Discussion of Proposed Provision and Effects sections, FNS clarifies that, "State agencies will continue to have the authority to make adjustments to WIC foods for <u>administrative convenience</u> and to control costs. Such adjustments may involve packaging methods, container sizes, brands, types, and physical forms of WIC foods."</p> <p>However, under Nutrition Tailoring in the Supplemental foods Section, 246.10, this language allowing flexibility to States is not included. It only states that," the maximum monthly allowance of all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted. Reductions in these amounts cannot be made for cost-savings, <u>administrative convenience</u>, caseload management, or to control vendor abuse."</p> <p>We recommend clarifying that some choices available to participants may not provide the maximum monthly amount allowed. Allow states to make "administrative adjustments" to the packaging, size, type and forms of products (FNS Instruction 804-1) as long as the maximum allowance of a food will continue to be offered in some form. As with cereal, juice, milk and formula, the brand or form selected by the participant determines if the participant receives the maximum amount of the food. This allows states to stay up to date with food industry changes and participant preferences.</p>
Section 246.10 Supplemental Foods	
Page 68968 (4) Food Package III – Medically Fragile Participants	We support the addition of healthcare provider contact information and date of medical determination. We also agree that the special formula/ food should be prescribed by the health provider. However, most diet/ nutrition "orders" are written by

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	providers to identify those foods that are contraindicated. Thus, we recommend that only the WIC foods that are contraindicated be indentified by the health provider or the WIC dietitian or nutritionist.
<p style="text-align: center;">Page 68973. (d). (2) and Page 68986. (d)</p> <p>Medical documentation</p> <ul style="list-style-type: none"> • soy beverage, tofu, or cheese over the max substitution rate for children • cheese or tofu over the maximum substitution rate in women's food packages V and VII. • supplemental foods – package III 	<p>We recommend that you delete the requirement for medical documentation for soy beverage, tofu and cheese and allow the WIC dietitians and nutritionists who are health professionals, to conduct this assessment with consultation with the health care provider when warranted. For example:</p> <p>Remove from Section 246.10 (d)(1) on page 68986: Item (vi), which requires a medical prescription for soy beverage or tofu for children who receive Food Package IV.</p> <p>We recommend revising the medical documentation requirements for supplemental foods in food package III. Specifically, we advise replacing the language in Section 246.10(d)(4)(ii)(B) with the following : "The authorized supplemental food(s) that are contraindicated for the qualifying conditions."</p>
<p style="text-align: center;">Page 68986. (d)(4)(ii)(B)</p> <p>Medical Documentation</p>	We recommend deleting the requirement for medical documentation from health care providers for some foods that can be appropriately prescribed by WIC dietitians and nutritionists who are health professionals and capable of doing a complete nutritional assessment. However, we support the continued requirement of medical documentation by a health care provider to prescribe therapeutic formulas and medical foods.
<p style="text-align: center;">Page 68987 (3)(vi)</p> <p>Impact of coordination with other payors of formula</p>	We recommend that the final rule strongly encourage coordination at the local level as well as at the state level. Such coordination has reinforced both WIC and health plan infant nutrition policies and procedures for improved health outcomes and promoted on-going communication between local WIC agencies and healthcare providers/plans. For example, local agency coordination with health plans allows WIC programs to reinforce WIC formula policies.
<p style="text-align: center;">Page 68989 Table 1</p> <p>Infant Formula Maximum Allowance expressed in reconstituted fl. oz.</p>	We support providing the amount of formula authorized in fluid ounces based on the infant's age, feeding method, and food package. We recommend that states be given the flexibility to determine the approach in which the full nutrition benefit of infant formula is provided by taking into account product, container size, and reconstitution rate.
<p style="text-align: center;">Page 68989 Table 1, Footnote 9</p> <p>Maximum Allowances of Infant Fruits and Vegetables</p>	<p>We support the provision that fresh bananas may replace up to 16 ounces of infant food fruit at a rate of 1 pound of bananas per 8 ounces of infant food fruit. To support making this a more feasible option to implement, we recommend allowing bananas to be offered not only by weight but by quantity of bananas. As stated in the IOM report, 4 medium bananas are equal to 2 pounds of fresh bananas.</p> <p>In addition, we recommend that the fruit and vegetable cash-value voucher be offered as a substitute to commercial infant fruits</p>

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	and vegetables when the infant reaches 9 months of age in the amount of \$8 for infants who are receiving formula and \$10 for fully breastfed infants.
Page 68989 Table 1, Footnote 10 Infant Formula Maximum Allowance	We support the provision for Food Package III that allows infants greater than 6 months of age to receive the same maximum monthly allowance of formula as infants 4-5 months of age in lieu of infant foods. We recommend that this provision be extended to Food Package II for infants receiving standard formula who may have developmental delays that preclude the introduction of complementary foods at 6 months of age.
Page 68990 Table 2, Footnote 5 Fully Breastfeeding Multiples	We support USDA's recognition of the increased nutritional needs of mothers who fully breastfeed multiple infants by providing an increased food package. However, we recommend that USDA change the rule which currently requires states to provide 1.5 times the quantity of food in Package VII as this requires states to give uneven quantities of foods over a two month period. We suggest that USDA include a standard package for this group of women with set quantities of food that can be given monthly.
Pg 68990(e) (10) Table 2 footnote 7 Whole milk only – 12 - 23 months old and 2% - non-fat - two years and older	At the discretion of either the child's healthcare provider or the WIC professional (nutritionist or dietitian), allow whole milk to be substituted with reduced-fat 2% milk for 1-2 year old children based on AAP's guidance below: "After weaning, kids at risk of overweight – or whose families have a history of obesity, heart disease, or high cholesterol – should get reduced-fat 2% milk between 12 months and 2 years of age." (Pediatrics 2008; 122;198-208)
Page 68991 Table 3 Fruits and vegetable monthly maximum allowance for Food Package III	We recommend that the monthly maximum allowance be \$8 (as recommended by IOM) instead of \$6 per month for fruits and vegetables when a child participant is diagnosed with a qualifying condition that requires Food Package III and restricts other WIC foods.
Page 68992 (e) (12) Table 4 Breakfast cereal	Add language stating that artificial or non-nutritive sweeteners are not allowed as breakfast cereal ingredients. Retain in the rule the requirement that 50% of the cereals on the authorized food list be whole grain and do not require more than that percentage.
Pg. 68992 (e) (12) Table 4 Fruits and Vegetables	To reduce administrative barriers to operating both the WIC and the WIC FMNP, allow states the flexibility to align eligible fruits and vegetables for the WIC CVV with the eligible foods for the WIC FMNP.
Pg. 68992 (e) (12) Table 4 The type and form of fruits and vegetables allowed does not state clearly whether mature beans are	Allow purchase of mature beans in the canned form as well as the frozen form with the fruit and vegetable cash value voucher. USDA's FAQ's currently allow for use of the CVV for frozen vegetable options with mature beans but not for canned vegetable options with mature beans. This has been confusing to our vendors and participants. Canned beans conform to the FDA standard of identity for canned vegetables in 21 CFR Part 155.200.

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allowed for purchase with the cash value voucher in the canned and frozen form.	
Page 68993(e) (12) Table 4 Whole wheat bread/whole grain bread/other whole unprocessed grains	Expand the list of allowable substitutes for whole wheat bread to include whole wheat or whole grain pasta, whole wheat bagels and whole wheat English muffins. Additionally, allow states to request approval for additional substitutes for whole wheat bread that meet the minimum requirements
Page 68994 (i) (1) Plans for Substitution	We recommend that any proposed substitute food must be a good source of the nutrient(s) supplied by the food it is replacing as selecting foods that are equivalent or superior in nutrients can be nearly impossible. We also recommend that you allow substitutions to accommodate different eating patterns for any reason, not for cultural reasons only.