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About 2 Million Parents and Young Children Could Be Turned Away From WIC by September Without Full Funding

By Katie Bergh, Lauren Hall, and Zoë Neuberger

More than two months into fiscal year 2024, Congress has thus far failed to provide the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) with the additional funding needed this fiscal year to avoid turning away eligible young children and pregnant and postpartum adults with low incomes for the first time in decades. WIC's funding needs have grown due to higher-than-expected participation and food costs.¹ Inadequate funding would force states to put eligible new and expecting parents and young children on waiting lists for nutrition assistance, jeopardizing access to this highly effective program during an important window for child development.²

Congress, on a bipartisan basis, has fully funded WIC for more than 25 years. As lawmakers work to finalize full-year funding bills, it is critical that they honor that long-standing commitment and give WIC the funding it needs to serve every low-income family who seeks assistance and to provide participants with the full science-based benefit.

If Congress fails to do so and continues WIC's current funding level for the rest of the fiscal year, WIC would face a roughly \$1 billion shortfall in 2024. We estimate that as a result, states would need to reduce WIC participation by about 2 million young children and pregnant and postpartum adults nationwide by September, compared to anticipated participation if full funding were provided, with harm falling disproportionately on Black and Hispanic families.³ (See Table 1, below, for state-level estimates of this cut.)

¹ Katie Bergh and Zoë Neuberger, "Hundreds of Thousands of Young Children and Postpartum Adults Would Be Turned Away from WIC under House and Senate Funding Levels," CBPP, July 26, 2023, <https://www.cbpp.org/research/food-assistance/hundreds-of-thousands-of-young-children-and-postpartum-adults-would-be>.

² Steven Carlson and Zoë Neuberger, "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades," CBPP, updated January 27, 2021, <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>.

³ Our estimates assume that WIC's \$150 million contingency fund is spent. They are based on WIC participation data available at <https://www.fns.usda.gov/pd/wic-program> and administrative data in Food and Nutrition Service, U.S.

Timing and Operational Factors Would Likely Force Very Deep Cuts

If WIC faces a \$1 billion funding shortfall, states would have to make deep cuts to participation for two reasons. First, because this inadequate funding level would be finalized several months into the fiscal year, presumably when the current stopgap funding law expires on January 19, states would have less time to cut caseloads in response to the shortfall, forcing deeper cuts over the remaining months of the year.

Though Congress has not provided any additional funding for WIC in either of the two stopgap funding laws, they each included a provision authorizing available funding to be spent faster in the short term, allowing states to continue serving every eligible low-income family who applies for WIC.⁴ Members of Congress of both parties indicated that they expected states to continue to operate their programs without scaling back in anticipation of a funding shortfall.⁵

While this “spend faster” provision prevents disruption to WIC for the duration of the stopgap funding laws, it means that if states ultimately need to reduce participation, they would need to turn away many more eligible people to adequately reduce spending than if they had implemented cuts over the full year.

We expect that March would be the earliest most states could feasibly implement significant measures to reduce participation if an inadequate funding level is finalized in mid-January, leaving only seven remaining months to sufficiently reduce spending.⁶

Second, we expect states would reduce participation primarily by establishing waiting lists. WIC’s rules generally require states to turn people away only when they apply for WIC or seek to renew their benefits.⁷ As a result, the reduction in states’ caseloads — and corresponding reduction in

Department of Agriculture, “WIC Participation and Program Characteristics 2018 Final Report,” May 2020, <https://fns-prod.azureedge.us/sites/default/files/resource-files/WICPC2018.pdf>. Despite a modest decline in participation in September 2023, which likely resulted from the prospect of a government shutdown, we assume participation will resume its gradual increase over the course of fiscal year 2024.

⁴ This authority was established in Sec. 118 of the Continuing Appropriations Act, 2024 and Other Extensions Act (P.L. 118-15) and extended by the Further Continuing Appropriations Act, 2024 (P.L. 118-22). The current funding level is modestly higher than the fiscal year 2023 level because these continuing resolutions did not include a \$315 million rescission of unspent prior-year WIC funds that applied at the start of fiscal year 2023.

⁵ Marcia Brown and Meredith Lee Hill, “Food aid for low-income mothers, babies becomes spending flashpoint,” *Politico*, November 21, 2023, <https://www.politico.com/news/2023/11/21/food-aid-wic-funding-00128172>.

⁶ Our estimates assume all states implement waiting lists at the beginning of March and reduce participation by the same number of people each month between March and September 2024. Some states might be able to implement waiting lists in February but, because states have not implemented waiting lists in more than 25 years and some data systems would need to be reconfigured to accommodate waiting lists, other states might not be able to start waiting lists until April or later. States would also likely curtail all outreach to potentially eligible families or participants who miss appointments.

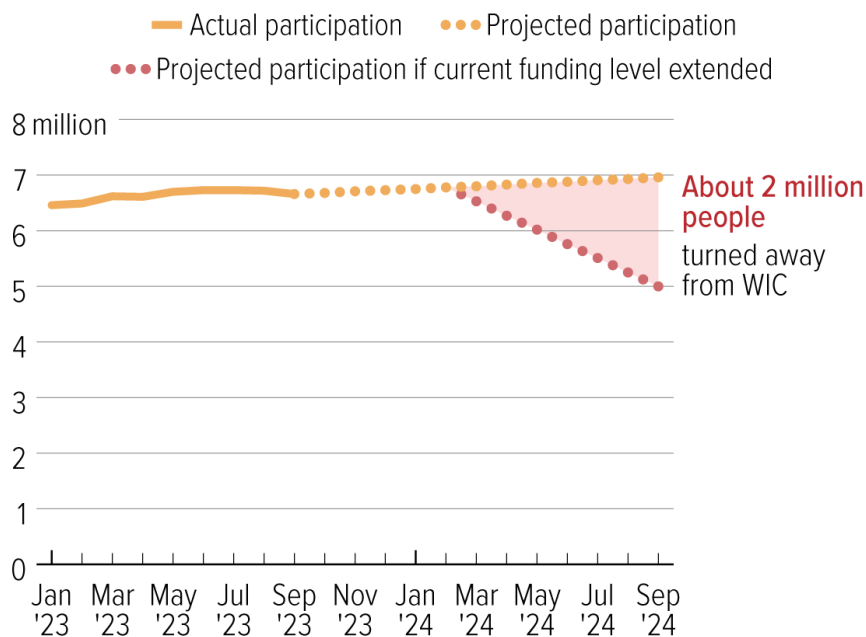
⁷ If there is insufficient funding, states may discontinue benefits for current participants in the midst of a certification period with 15 days’ notice but only if they enroll no new applicants or reapplicants, including even the most medically at risk. States would likely take this step only as a last resort. See 7 C.F.R. 246.7(j)(9) and 7 C.F.R. 246.7(e)(4). States may shorten certification periods for children and breastfeeding participants from one year to six months, which would increase the number of participants who could be placed on a waiting list when their certification period ends. See 7 C.F.R. 246.7(g).

spending — would accumulate slowly. Over time, a growing number of people would be turned away as they applied for WIC or reached the end of their certification period and needed to renew their benefits. So the number of young children and pregnant and postpartum adults turned away would be substantially higher in September than in March.

To illustrate the impact of a \$1 billion funding shortfall, we estimated the participation reductions that would be needed over the remainder of the fiscal year if states reduced spending by implementing waiting lists. We estimate that by July WIC would be able to serve 1.5 million fewer people nationwide than would be receiving benefits if Congress had provided full funding.⁸ By September, this number would grow to about 2 million, a 28 percent cut in the number of young children and pregnant and postpartum adults participating compared to expected participation. (See Figure 1.)

FIGURE 1

About 2 Million Parents and Young Children Could Be Turned Away From WIC by September if Current Funding Level Is Extended



Note: WIC = Special Supplemental Nutrition Program for Women, Infants, and Children
 Source: USDA WIC administrative data (as of December 2023) and USDA WIC 2018 characteristics report

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⁸ The WIC funding level included in the Senate-passed agriculture appropriations bill is modestly higher than extending the current level would be but still about \$700 million lower than the necessary amount. The bill advanced by the House Appropriations Committee cuts WIC funding more deeply than extending the current level would and would slash fruit and vegetable benefits for remaining WIC participants. For more information on these bills see Bergh and Neuberger, *op. cit.*

Required Cuts Would Impact Individuals at Greater Medical Risk

If there is a funding shortfall, states must follow criteria established in regulations to prioritize serving the most medically at-risk applicants.⁹ In practice, this means that new parents who are not breastfeeding would be the first to be put on waiting lists, followed by children who are at nutritional risk but who have not yet developed a nutrition-related medical condition.

But reducing participation to the extent necessary if the current funding level were extended for the whole fiscal year would likely result in states turning away children as young as 1 with documented medical conditions that place them at nutritional risk, who may face more severe health consequences if they lose access to WIC's nutritious foods and other important services.¹⁰ Good nutrition throughout early childhood is critical for growth and development, and even short periods of food hardship may pose long-term risks for children.¹¹

Turning eligible people away from WIC would also disproportionately harm Black and Hispanic families.¹² Black and Hispanic families face greater economic hardship due to long-standing barriers to housing, education, and employment opportunities and other forms of discrimination impacting people of color, and thus may be more likely to qualify for and seek out assistance from WIC than families of other races or ethnicities. As a result, a WIC funding shortfall that forces eligible people onto waiting lists would disproportionately harm Black and Hispanic young children and new or expecting parents.

While states would likely have to put only limited numbers of higher-priority participants on waiting lists — including infants and pregnant or breastfeeding adults — a WIC funding shortfall would nevertheless likely harm many others. In addition to implementing waiting lists, state and local WIC programs would likely curtail outreach and cross-enrollment efforts, reduce clinic hours, leave staff vacancies unfilled, and take other measures to slow enrollment and limit spending. These steps would impact all potentially eligible people, including those who are the most medically at risk.

Additionally, once word begins to spread that states are denying benefits to some applicants, more vulnerable individuals may mistakenly believe they would be turned away and choose not to apply for WIC. If a low-income pregnant woman is uncertain that she is eligible for WIC, believes she would be denied benefits, and decides not to apply, or tries to enroll and is unable to navigate more

⁹ The nutrition risk priority system and categories are described in 7 C.F.R. 246.7(e)(4).

¹⁰ States are permitted to prioritize serving younger children over older children, but most states' risk priority systems do not distinguish between young children who are older than infants, which means that 1-year-olds would be turned away along with older toddlers and preschoolers. Even if states did prioritize by age, they would likely have to turn away children as young as 2 years old to sufficiently reduce participation. States are also permitted to prioritize lower-income applicants and reapplicants. These estimates assume that states prioritize only based on participant category (such as breastfeeding) and nutrition risk.

¹¹ Brynne Keith-Jennings, "Boosting SNAP: Benefit Increase Would Help Children in Short and Long Term," CBPP, July 30, 2020, <https://www.cbpp.org/blog/boosting-snap-benefit-increase-would-help-children-in-short-and-long-term>.

¹² Katie Bergh and Lauren Hall, "Looming WIC Shortfall Would Jeopardize Access to WIC's Proven Benefits and Disproportionately Harm Black and Hispanic Families," CBPP, October 26, 2023, <https://www.cbpp.org/blog/looming-wic-funding-shortfall-would-jeopardize-access-to-wics-proven-benefits-and>.

limited clinic hours, she would miss out on the nutritious foods and other services that would support her health and the health of her baby — with potentially long-lasting consequences.

USDA Could Take Extraordinary Measures to Avoid Worst Impacts of a Shortfall, But Action Not Guaranteed

If Congress extends the current, inadequate funding level rather than fully funding WIC, the Department of Agriculture (USDA) could take extraordinary measures to try to protect WIC because the required caseload reductions would be great, and the consequences significant for eligible families' health and development if they cannot access WIC. The Secretary of Agriculture has long-standing authority to transfer funds appropriated to other USDA nutrition programs to shore up WIC, though this has been done only in limited emergency circumstances in the past.¹³ But this transfer authority is limited and could only close roughly half of a \$1 billion shortfall.

And *there is no guarantee* that other programs could spare the resources without negatively impacting their own operations. Consequently, our estimates do not assume a transfer would occur. If USDA transferred funds to WIC, the required caseload reductions would fall but would still be quite large if Congress continues the funding level provided under the continuing resolution.

Any Funding Shortfall Would Have Significant Long-Term Implications

Any funding shortfall would have serious long-term implications for WIC beyond the end of fiscal year 2024. Recognizing that take-up rates among those eligible have been relatively low — only 51.2 percent of eligible people participated in 2021 — federal and state policymakers have worked for many years to modernize the program and to connect more low-income families with WIC's proven benefits.¹⁴ There has been a recent uptick in participation, which is an encouraging sign that this work is starting to show results.

Turning people away due to insufficient funding would severely undermine this progress. The perception that WIC is not available to those who need it, even in the short term, will leave a lasting impression that could discourage eligible families from applying for years to come.

Further, breaking the long-standing bipartisan commitment to fully fund WIC, which has been in place for more than 25 years, would set a deeply troubling precedent for the program's future funding prospects. Every year since 1997, even in years when WIC's funding needs were growing and budgetary resources were constrained by funding limitations (called caps), Congress has prioritized resources for WIC to ensure that the program had sufficient funding to serve every eligible low-income family who sought benefits, in recognition of WIC's demonstrated effectiveness and positive impacts on children's health and development.

¹³ See 7 U.S.C. 2257. The Secretary of Agriculture most recently used this authority for a transfer to WIC in September 2023 to prevent an unforeseen funding shortfall at the end of fiscal year 2023 due to higher-than-expected food costs and participation. This authority limits the amount of the transfer to no more than 7 percent of the appropriation for the recipient account, "except in cases of extraordinary emergency."

¹⁴ Food and Nutrition Service, U.S. Department of Agriculture, "National and State Level Estimates of WIC Eligibility and WIC Program Reach in 2021," November 2023, <https://www.fns.usda.gov/research/wic/eligibility-and-program-reach-estimates-2021>.

Congress must fully fund WIC to avoid jeopardizing the health of about 2 million very young children and pregnant or postpartum adults in low-income families and to maintain WIC’s long-term success.

TABLE 1

Estimated Impact of WIC Funding Shortfall by State

State	Eligible People Turned Away in September 2024
Alabama	33,000
Alaska	4,000
Arizona	41,000
Arkansas	19,000
California	288,000
Colorado	25,000
Connecticut	14,000
Delaware	6,000
District of Columbia	3,000
Florida	126,000
Georgia	61,000
Hawai'i	8,000
Idaho	9,000
Illinois	49,000
Indiana	43,000
Iowa	17,000
Kansas	14,000
Kentucky	34,000
Louisiana	27,000
Maine	5,000
Maryland	36,000
Massachusetts	37,000
Michigan	61,000
Minnesota	32,000
Mississippi	19,000
Missouri	27,000
Montana	4,000
Nebraska	11,000
Nevada	16,000
New Hampshire	4,000
New Jersey	48,000
New Mexico	11,000
New York	124,000
North Carolina	78,000

TABLE 1

Estimated Impact of WIC Funding Shortfall by State

State	Eligible People Turned Away in September 2024
North Dakota	3,000
Ohio	52,000
Oklahoma	21,000
Oregon	23,000
Pennsylvania	51,000
Rhode Island	5,000
South Carolina	28,000
South Dakota	4,000
Tennessee	38,000
Texas	227,000
Utah	12,000
Vermont	3,000
Virginia	37,000
Washington	38,000
West Virginia	11,000
Wisconsin	27,000
Wyoming	2,000
U.S. Territories	30,000
Indian Tribal Organizations	14,000
Total	1,960,000

Note: We estimated state-by-state participation cuts by allocating the nationwide participation cut by each jurisdiction's share of nationwide participation in fiscal year 2023. When implementing waiting lists, actual state participation cuts and who is affected by them would reflect additional factors including the age distribution of participants, WIC food costs in the state, how quickly waiting lists can be implemented, and how states prioritize applicants and reapplicants. U.S. Territories include American Samoa, Guam, Northern Marianas, Puerto Rico, and the Virgin Islands. We use the WIC 2018 characteristics report because the 2020 version of this biannual report reflects administrative changes made during COVID that are not applicable to 2024.

Source: USDA WIC administrative data (as of December 2023) and USDA WIC 2018 characteristics report