

# Senator Jeffrey D. Klein Senator Adriano Espaillat & Assemblyman Marcos A. Crespo



# Restoring Lost Access



Giving WIC Participants Choices

**MAY 2016** 

### **Introduction:**

In January 2014, the New York State Department of Health (DOH) amended its rules for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) by announcing that the only WIC vendors allowed to redeem WIC checks for infant formulas issued with a prescription, also known as exempt formula, would be pharmacies or stores with a pharmacy department. Vendors were informed of this new rule in February 2014. DOH carried out this substantial rules change without any input from the various stakeholders involved in the WIC program and in doing so greatly reduced the choices available for participants obtaining nutritional products for their children.

This rule change negatively affects the ability of WIC participants to get the products they are being prescribed when they visit their nutritionist by limiting the number of vendors that provide this formula. In addition, given the nature of retail in New York City, many of the vendors who would be able to redeem checks for prescription formula are not vendors who sell fresh fruits and produce that are typically included in the WIC program, although the federal and state governments have been pushing to increase the intake of fresh fruits and vegetables to combat obesity and other diseases. Ensuring that pregnant women, infants, and children have access to fresh fruits and vegetables is a very important public initiative and DOH's rule change undermines this initiative in New York City by forcing participants to shop at stores that generally don't offer fresh fruits and vegetables.

New York State Senator Jeffrey Klein is working with Senator Adriano Espaillat and Assemblyman Marcos Crespo to reverse this problematic policy change in order to restore the level of access that participants of the WIC program deserve. They have introduced new legislation allowing participants in the program to redeem any WIC checks, including those for exempt infant formula, from any approved vendor (S.7049/A.9648). In addition, legislation has been introduced (S.7050/A.9647) that requires regulations which will notify vendors of WIC reimbursement discrepancies and the reason for such discrepancy. Currently, retailers can be forced to pay fees when WIC checks bounce for reasons outside of the vendor's control.

### **Key Findings**

- The number of stores in which participants have access to exempt formula in The Bronx declined from 556 to 39, a drop of 93.1%, after the 2014 changes.
- There are only seven stores that carry a full produce section in addition to being eligible to sell exempt formula in Bronx County.
- There are 17 different zip codes in Bronx County that have no stores that carry a full produce section in addition to being eligible to sell exempt formula.
- Before the 2014 WIC changes, there were a total of 1,349 locations where the WICapproved exempt formula was allowed to be purchased in Queens, Manhattan, Brooklyn and Staten Island. Directly after the 2014 WIC changes there were a total of 149 locations where the WIC-approved exempt formula was allowed to be purchased in Queens, Manhattan, Brooklyn and Staten Island.

### What is WIC?

WIC offers nutrition education, breastfeeding support, referrals and a variety of nutritious foods to low-income pregnant, breastfeeding or postpartum women, infants and children, up to age five, to promote and support good health. Administered by USDA's Food and Nutrition Service (FNS), the program has grown rapidly since its establishment, when it was created as a two-year pilot program in 1972 by an amendment to the Child Nutrition Act of 1966, and was made permanent in 1975. It is now one of the central components of the nation's food and nutrition assistance system.

New York State manages the third largest WIC program in the nation, serving almost half a million participants monthly. Almost half of all infants and about one-quarter of all children one-to-four-years of age in the United States now participate in the program. The WIC program cost approximately \$6.6 billion in 2015<sup>1</sup>, making WIC the country's third-largest food assistance program at the time in terms of total expenditures. Since its inception, the number of participants in the program has expanded dramatically, from an average 88,000 participants per month in 1974<sup>2</sup>, to an average 7,839,392 per month so far in 2016.

New York State WIC Breakdown by Region		
Region	Average # of Participants in 2015	
Brooklyn	107,136	
The Bronx	62,033	
Queens	60,511	
Manhattan	37,338	
Staten Island	6,777	
All other Regions	193,849	
Total	467,644	

As a gateway through which many low-income families enter the public health system, WIC reaches a large number of infants and children, so having the most effective WIC program possible can have an important influence on the health of our children. WIC improves the health of pregnant women, new mothers and their infants and children. The food provided through WIC is a good source of nutrients often missing from the diets of women and young children. WIC participants have longer, healthier pregnancies and fewer premature births.<sup>3</sup> Nutritionists provide individualized nutrition guidance to meet the mothers' and children's goals. The WIC program also provides help with support from other parents through group discussions, breastfeeding counseling and additional group support services.

In order to participate in WIC in New York, you must be:

- o A pregnant woman;
- o An infant or child up to five-years-old;
- o A mother of a baby up to six-months-old; OR
- o A breastfeeding mother of a baby up to 12-months-old.

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<sup>&</sup>lt;sup>1</sup> http://www.fns.usda.gov/wic/wic-funding-and-program-data

<sup>&</sup>lt;sup>2</sup> http://www.ers.usda.gov/media/327957/fanrr27\_1\_.pdf - Last updated: Sunday, June 03, 2012

https://www.health.ny.gov/prevention/nutrition/wic/

- 2. A resident of New York State, but you do not need to be a U.S. citizen
- 3. Assessed by a WIC health care professional
- 4. Meet the <u>income eligibility guidelines</u> OR receive benefits from Food Stamps, Medicaid or Temporary Assistance for Needy Families

Income Eligibility Guidelines Gross Income							
Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly		
1	\$21,775	\$1,815	\$908	\$838	\$419		
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567		
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715		
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863		
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011		
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159		
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307		
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455		
For each additional member, add:	+\$7,696	+\$642	+\$321	+\$296	+\$148		

WIC limits the foods that participants can obtain to ensure that the food meets the necessary nutritional requirements that a participant will have discussed with their nutritionist. The types of foods available include:

- Dried and canned beans/peas, canned fish
- Soy-based beverages
- Tofu, fruits and vegetables
- Baby foods
- Whole-wheat bread and other whole-grains
- Infant cereal
- Milk and cheese
- Iron-fortified adult cereals (for pregnant or breastfeeding mothers)
- Fresh fruits and vegetables

### **Kosher Alternatives**

There are some limited kosher food alternatives, including different brands of milk, cheese and yogurt, as well as categories of fruits and vegetables, meat and gravy, baby food products.

As Jewish communities around the state continue to grow, many adopt different kosher traditions that coincide with different denominations of Judaism. Due in part to this growth, the definitions of kosher preparation have varied over time and reflect many of these competing traditions. The levels of kosher certification are based on the interpretation of Jewish Dietary Laws, in addition to traditions carried down from generation to generation. The OU certification is widely accepted in many Jewish

households as meeting the required food preparation that adheres to their interpretation of the kosher standard. However, there are Jewish communities around the state that seek food products that adhere to a stricter interpretation of Jewish Dietary Laws, such as the Central Rabbinical Congress (CRC). To some communities, the OU standard does not meet their interpreted standard of kosher preparation and therefore will not purchase these products.

### Formula/Breastfeeding

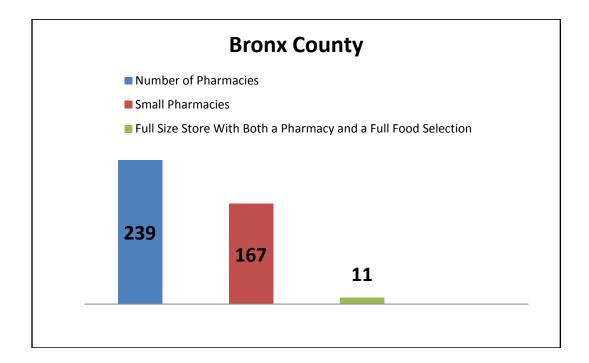
The WIC program recognizes and promotes breastfeeding as the best option to provide nutrition for infants. For women who do not fully breastfeed, WIC provides iron-fortified infant formula. Special exempt infant formula and medical foods are allowed but only when prescribed by a physician for a specified medical condition. As the chart below shows, the vast majority of the different types of formula available for participants in the WIC program fall under the exempt category.

New York State WIC Contract - Infant Formula			
Contract Infant Formulas	Size and formulation	Approved for:	
Enfamil A.R.	12.9 oz. powder, 32 oz. RTU	I/C	
Enfamil Gentlease	12.4 oz. powder, 32 oz. RTU	I/C	
Enfamil Infant	13 oz. concentrate, 12.5 oz. powder, 32 oz. RTU	I/C	
Enfamil ProSobee	13 oz. concentrate, 12.9 oz. powder, 32 oz. RTU	I/C	
EXEMPT	FORMULAS		
Hypoallergenic Formulas	Size and formulation	Approved for:	
EleCareFor Infants	14.1 oz. powder	I/C	
Nutramigen	13 oz. concentrate, 32 oz. RTU	I/C	
Nutramigen with EnfloraLGG	12.6 oz. powder	I/C	
Neocate Infant with DHA and ARA	14.1 oz. powder	I/C	
Similac Expert Care Alimentum	16 oz. powder, 32 oz. RTU	I/C	
Formulas for Premature Infants	Size and formulation	Approved for:	
Enfamil EnfaCare (22 Calories/fl oz.)	12.8 oz., 32 oz. RTU	I only	
Similac Expert Care Neosure (22 Calories/fl	13.1 oz. powder, 32 oz. RTU	I only	
oz.)			
Specialized Formulas	Size and formulation	Approved for:	
Pregestimil	16 oz. powder	I/C	
Enfaport	6 pack - 6oz. RTU	Ionly	
Similac PM 60/40	14.1 oz. powder	I/C	
<b>Calorie and Nutrient Dense Products</b>	Size and formulation	Approved for:	
Boost/Boost High Protein	6 pack -8 oz. RTU	W only	
Boost Kid Essentials	4 pack -8.25 oz. RTU	C only	
Ensure	6 pack -8 oz. RTU	W only	
Ensure Plus	6 pack -8 oz. RTU	W only	
PediaSure/PediaSure with Fiber	6 pack -8 oz. RTU	C only	
PediaSure Enteral/PediaSure Enteral with Fiber	8 oz. RTU	C only	
<b>Modular Products</b>	Size and formulation	Approved for:	
MCT oil	32 oz. RTU	I/C/W	
Phenex-1	14.1 oz. powder	I/C	

Phenex-2	14.1 oz. powder	C/W
Phenyl-Free1	16 oz. powder	I/C
Phenyl-Free 2	16 oz. powder	C/W

Effective February 2014, the New York State WIC Board made the change to only allow the exempt formula to be sold in pharmacies or large box stores that had pharmacies inside of them. DOH claims that this move was carried out in order to deter fraud. In theory, pharmacists would be required to check the prescription for the formula to insure that the individual has the right medical documentation. One state that currently uses this method for dealing with prescribed formula is Georgia<sup>4</sup>.

In some retail markets, particularly in New York City, not all pharmacies have all of the approved WIC foods. This can limit options for purchasing healthy items. Drug stores such as a CVS Pharmacy may not have all of the WIC-approved foods and may also lack fresh fruit and vegetables.



### The Importance of Proper Nutrition from Mothers and Children

It has long been recognized that low-income children lag behind other children on a wide range of indicators of physical, mental, academic, and economic well-being.<sup>5</sup> Low-income children are more likely to have health, behavioral, learning, and emotional problems. This is especially true of low-income children whose families experience deep poverty, those who are poor during early childhood, and those who are poor for a long time. Low-income children are also more likely to be food-insecure,

<sup>&</sup>lt;sup>4</sup> https://dph.georgia.gov/wic-formula-resources

<sup>&</sup>lt;sup>5</sup> See, for example, Brooks-Gunn J, Duncan G (1997). The effects of poverty on children. *The Future of Children*7(2)

and food insecurity in households with children is associated with inadequate intake of important nutrients, deficits in cognitive development, behavioral problems, and poor health.<sup>6</sup>

In addition, WIC makes nutrition education available to all participants (or to the parents or caretakers of infant and child participants). WIC regulations state that nutrition education should be designed to achieve two broad goals: (1) stress the relationship between proper nutrition and good health, and raise awareness about the dangers of using drugs and other harmful substances, and (2) assist the nutritionally-at-risk individual in achieving a positive change in food habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through the optimal use of the supplemental foods and other nutritious foods. Local WIC agencies are required to offer participants at least two nutrition education sessions during each six-month period in either an individual or group setting. Individuals who do not attend the nutrition education activities are not denied the WIC food package.

The overall health of a child relates closely with pediatric obesity. There are increased risks for diseases associated with pediatric obesity and they are predicted to negatively impact the life expectancy of the current generation of American children.<sup>7</sup> Because the early childhood onset of obesity is a strong predictor of the persistence of obesity into adolescence and adulthood<sup>8</sup>, finding effective strategies to promote healthy eating among young, low-income children is critical to curbing the childhood obesity epidemic.

Included in the WIC program is a push to improve the quality and amount of fresh fruit and vegetables that children eat. One such WIC program is the WIC Vegetables and Fruits Check Program. This allows WIC recipients to shop at approved farmers' market vendors. These vendors must go through a process and be approved by New York State.<sup>9</sup>

### **State Policy to Expand WIC Access**

On June 24, 2015 Governor Cuomo announced an additional \$658 million of combined state and federal money to support access to the WIC program in New York. This expansion of funding by the Governor showcases the importance that he has given to access of fresh fruits and vegetables to families across New York State. This money was awarded on an annual basis for five years to a total of 92 recipients to drive an expansion of services where the need is greatest. <sup>10</sup>

<sup>&</sup>lt;sup>6</sup> Cook, JT and Frank, DA (2008). Food security, poverty, and human development in the United States. *Annals of the New York Academy of Sciences*, 1136(1), 193-209.

<sup>&</sup>lt;sup>7</sup> Stewart, S. T., Cutler, D. M., & Rosen, A. B. (2009). Forecasting the effects of obesity and smoking on U.S. life expectancy. New England Journal of Medicine, 361(23), 2252–2260

<sup>&</sup>lt;sup>8</sup> Guo, S. S., Roche, A. F., Chumlea, W. C., Gardner, J. D., & Siervogel, R. M. (1994). The predictive value of childhood body mass index values for overweight at age 35 years. American Journal of Clinical Nutrition, 59, 810–819

http://www.agriculture.ny.gov/AP/agservices/fmnp-wic-vf.html

<sup>10</sup> https://www.governor.ny.gov/news/governor-cuomo-announces-658-million-support-nutrition-programs-new-yorkers-need

Recipient in Bronx County		Annual Award	Total 5-year Award
Bronx Lebanon Hospital Center		\$694,153	\$3,470,765
Lincoln Medical and Mental Health Center		\$2,257,077	\$11,285,385
Morris Heights Health Center		\$2,851,099	\$14,255,495
Morrisania Diagnostic and Treatment Center		\$1,982,708	\$9,913,540
Mt. Vernon Neighborhood Health Center, Inc.		\$1,021,161	\$5,105,805
North Central Bronx Hospital		\$1,615,070	\$8,075,350
Public Health Solutions (Part of a franchise, one location in the Bronx)		\$9,589,800	\$47,949,000
St. Barnabas Hospital		\$2,079,076	\$10,395,380
Urban Health Plan, Inc.		\$2,344,369	\$11,721,845
To	otal	\$24,434,513	\$122,172,565

One of the problems that many families face, particularly in The Bronx, is that they live in areas defined as food deserts. This is largely due to a lack of grocery stores, farmers' markets, healthy food providers<sup>11</sup> and in the WIC programs case, approved vendors for all of the WIC food package needs. The DOH recognizes the problem of food deserts and the difficulties they pose for the WIC program.

### **Food Deserts**

The following maps show food deserts in and around The Bronx. These maps show places in which residents are more than half a mile away from the nearest supermarket. The 2014 rule change by DOH has worsened conditions for WIC participants, since now they are not even capable of buying the majority of formulas on the WIC formula list at supermarkets unless these supermarkets actually have a pharmacy.

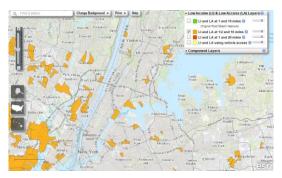
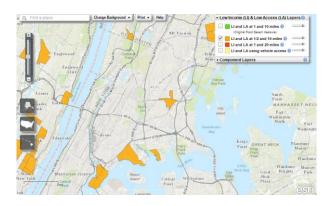


Figure 2: Zoomed in - Low-income consensus tracts where a significant number or share of residents is more that 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.<sup>13</sup>

Figure 1: Low-income consensus tracts where a significant number or share of residents is more that 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket. 12



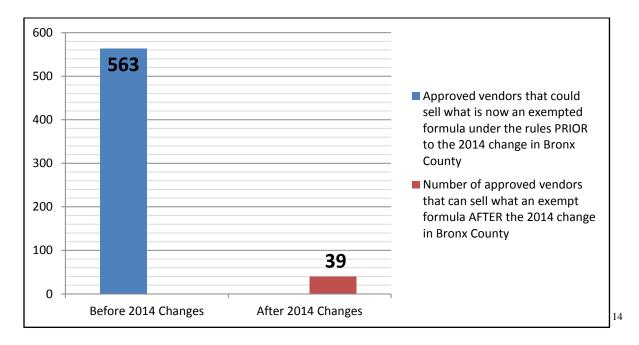
<sup>11</sup> http://americannutritionassociation.org/newsletter/usda-defines-food-deserts

<sup>12</sup> http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx

 $<sup>\</sup>underline{\text{http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx}}$ 

### **Data Analysis**

Senator Klein's office examined the current number of stores within Bronx County that under the old regulations would be able to eligible to sell exempt formula. They then identified which of these locations using the regulation that came into effect in 2014 would still be able to sell the exempt formula.



The analysis reveals that the number of stores in which participants have access to exempt formula declined, from 563 to 39, a drop of 93.1 percent. This decline in stores imposes a hardship for WIC participants, who are now forced to travel for longer periods of time to obtain the products they have been prescribed.

Senator Klein's office also examined which of those vendors that are still eligible to sell exempt formula also have full grocery stores with a full supply of fruits and vegetables.

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<sup>&</sup>lt;sup>14</sup> Information for this chart comes from the Department of Health - 2016

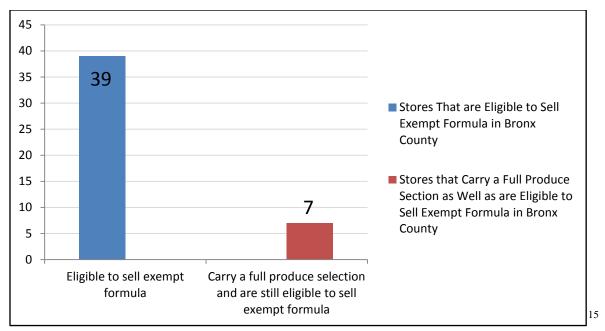
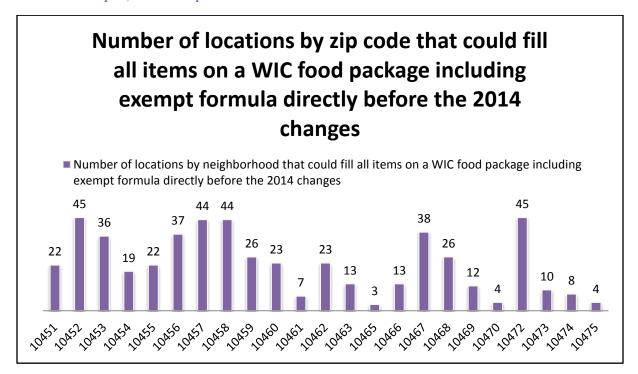
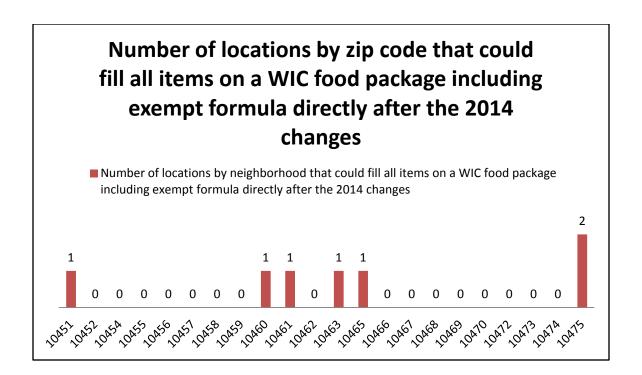


Figure 3 - Prior to 2016, there were an additional 6 Pathmark stores that could carry a full produce section as well as were eligible to sell exempt formula in Bronx County but they went bankrupt and were purchased by Allegiance Retail Services and have, as of the date of this report, not been reopened.

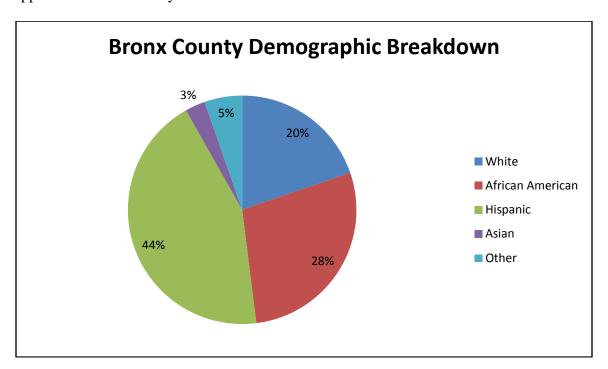


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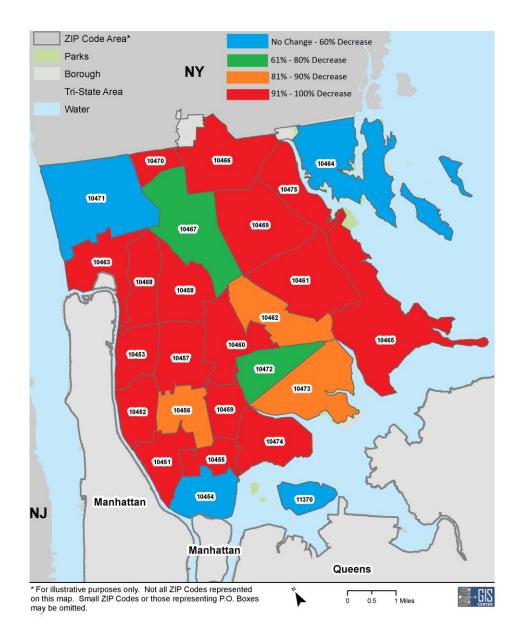
 $<sup>^{15}</sup>$  Information for this chart comes from the Department of Health - 2016



In The Bronx, the zip codes that are above the county average for minorities have been shown to have been disproportionately affected by the 2014 changes, due in part to the lack of options of WIC-approved vendors nearby.



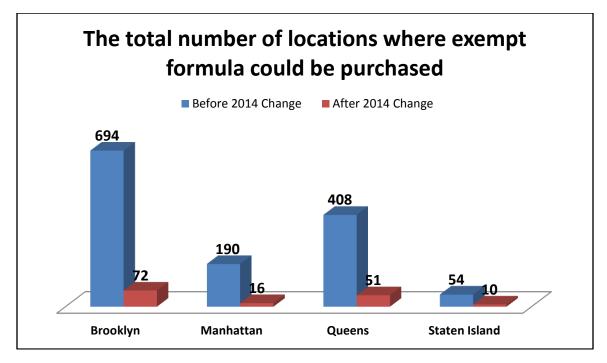
The map below illustrates the percent decrease seen in each zip code in The Bronx from before the 2014 changes to after the 2014 changes in regards to where the exempt formula was available for the WIC participants.



Our analysis shows that many of the stores that participants must visit to access their exempt formula do not carry a full selection of fresh fruits and vegetables. Participants in WIC have the same concerns all other individuals have, including having to make use of their time wisely. The only way these participants can get the exempt formula they need and the fresh fruits and vegetables they should be getting is by making multiple trips. This added burden will very likely lead individuals to prioritize their trips, likely at the expense of getting fresh foods. After all, won't participants who were told by medical professionals that they need the exempt formula prioritize prescribed formula for their children over fresh fruits and vegetables?

### **Remaining New York Data**

When the data was analyzed for all of New York City, the same problem existed in every borough.



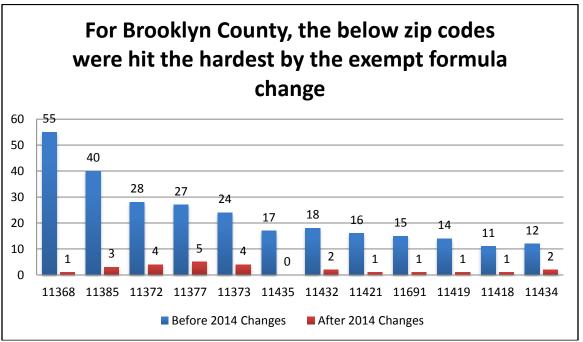


Figure 4 - A total of 10 different zip codes in the county of Brooklyn dropped down to zero locations for exempt formula

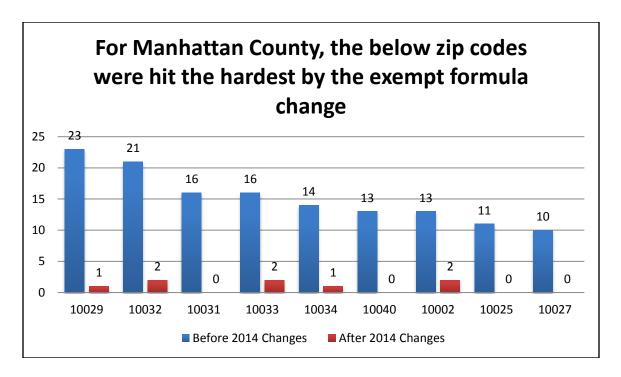


Figure 5 - A total of 18 different zip codes in Manhattan County dropped down to zero locations for exempt formula

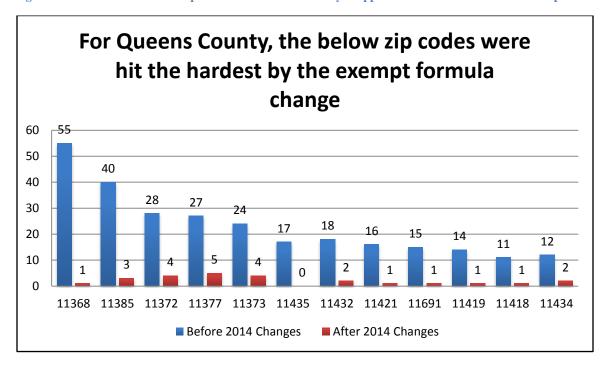
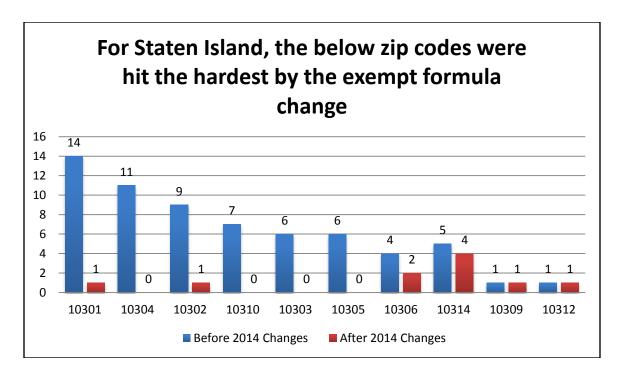


Figure 6 - A total of 20 different zip codes in Queens County dropped down to zero locations for exempt formula



In addition to this being an issue in the New York City area, it also affects other areas of the state.

### **Vendor Issues**

Vendors also currently experience issues when trying to redeem WIC checks which were brought in and used by the participants that come in to their businesses that do not always cover the price of all of the food listed in the WIC food package. The prices that the DOH uses to establish these expected costs for the food packages are not yet currently set using peer groups of similarly sized and located stores. This causes some of these WIC checks to "bounce" and stores are stuck with return check fees from the banks. Larger vendors with more inventory are able to purchase WIC items in bulk at lower costs. Smaller vendors are forced to sell the items at lower prices in line with the larger vendors, or face the possible return check fees if the food package is more than the WIC check is worth.

### Recent WIC Program Changes – April 18, 2016

On April 18, the DOH published a rules change to the WIC program. There is now an application process for non-pharmacy stores to be able to sell certain brands of the exempt formula **only if all of the below criteria is met**.

- The retail vendor must have three or more cash registers
- The retail vendor must be part of a chain with at least five stores authorized by NYS WIC
- The vendor must be on the WIC Program a minimum of 12 months
- The retail vendor must not have a past history of program abuse during the previous 36 months
- The retail vendor will be subject to an annual audit

If all of the criteria are met, only then can the stores now sell the below formula:

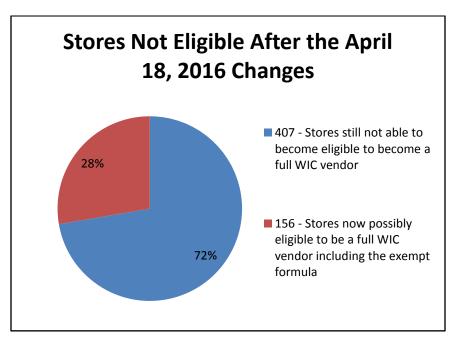
- Enfamil Premium Infant
- Enfamil AR
- Enfamil Gentlease

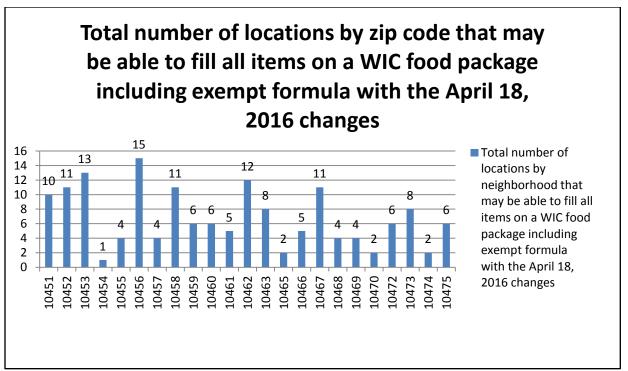
- Enfamil ProSobee
- Enfamil Nutramigen
- Enfamil Nutramigen with Enflora LGG
- Similac Alimentum
- Boost/Boost High Protein/ Boost Kid Essentials
- Ensure/Ensure Plus
- PediaSure Enteral/PediaSure Enteral with Fiber

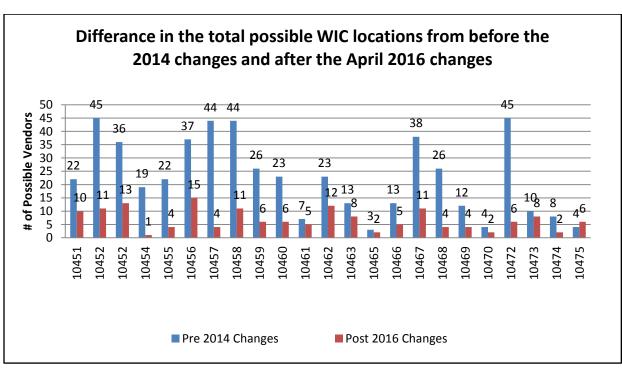
Even with the new WIC exempt formula application, there are still some versions of formula that a mother would need to obtain in a pharmacy. The formulas, listed below, are generally prescribed to medically fragile infants:

- EleCare For Infants
- Neocate Infant with DHA and ARA
- Enfamil EnfaCare
- Similac Neosure
- Pregestimil
- Enfaport
- Similac PM 60/40

According to the DOH, under these new changes there are an additional 117 stores that may be able to sell certain brands of the exempt formula if they meet all of the new criteria above bringing the possible total up to 156 stores eligible in Bronx County.







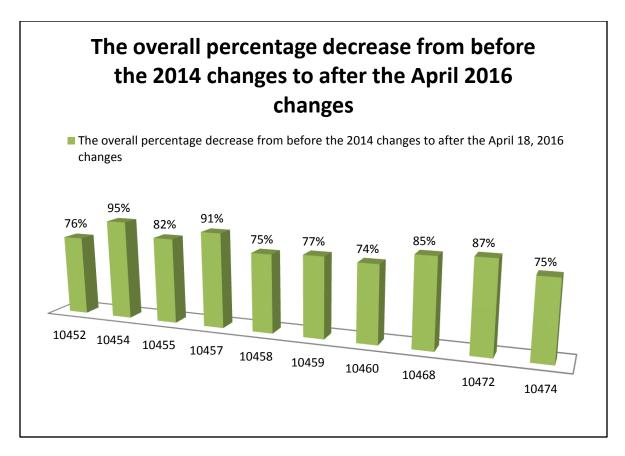
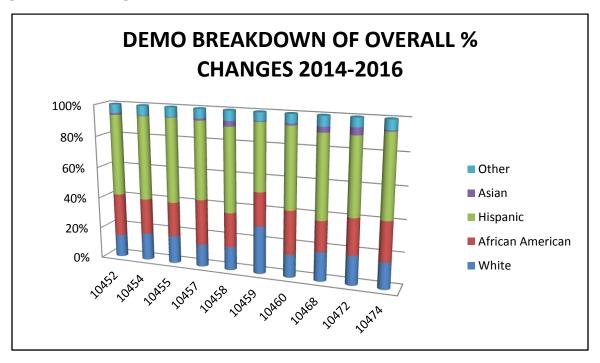


Figure 7 – With the April 2016 changes, there is one neighborhood that will see an increase. In zip code 10475 it will go from 4 possible locations to 6 possible locations



### **Legislative Solution**

The January 2014 rules change by the DOH was conducted without any input from the whole WIC community. This rules change limits the choices of WIC participants in a way that is not conducive to carrying out the aim of the WIC program, which is to ensure that pregnant and nursing mothers, infants, and children get the nutrition they need. The DOH claims that they did this to limit fraud, but the fact that this change was conducted without any input from the WIC community brings this claim into question. The department has not shown any evidence that limiting the sale of exempt formula to pharmacies or stores with pharmacies actually achieves the aim of cutting down on fraud.

Senator Klein and Assemblyman Crespo have introduced legislation (S.7049/A.9648) that will undo this policy by the DOH. This is done by amending a section of the public health law to allow a WIC participant to redeem their provided check for all of their food package items at any WIC approved vendors location. The legislation will make it clear that all WIC approved vendors are eligible to redeem WIC checks for any WIC eligible product they happen to stock and carry.

In addition, Senator Espaillat and Assemblyman Crespo have introduced legislation (S.7050/A.9647-A) that calls for the establishment of a method in which the Department of Health notifies vendors authorized to participant in the WIC program of the discrepancy between the amount the check is worth and the amount the check is written for. The bill would not hold the vendor accountable for the difference or for bounced or returned check fees.

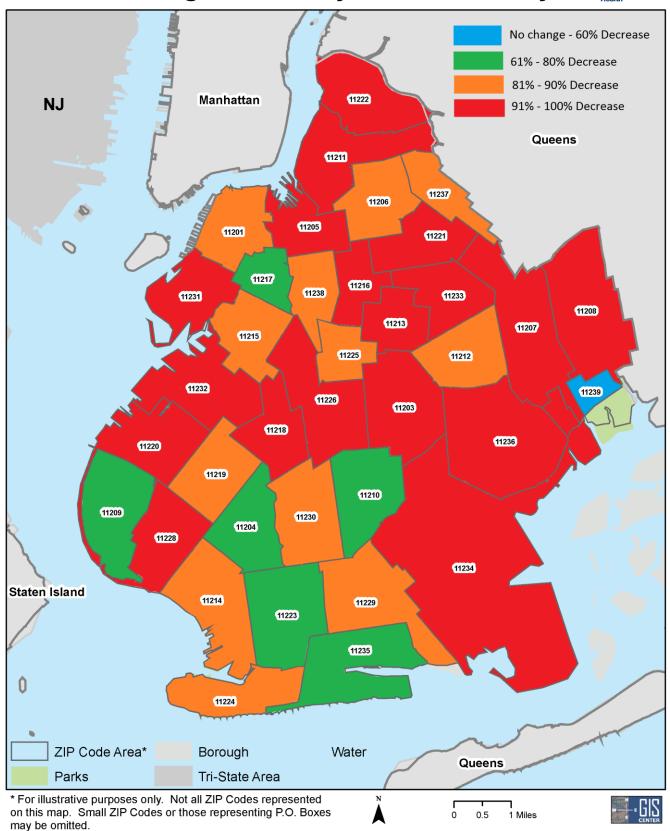
### **Conclusion**

The WIC program is crucial for the health and nutrition of over half a million New Yorkers. New York State has made more money available to ensure that as many individuals that are eligible for this program can have access to it. The state has also taken steps to ensure that families using this program can purchase fresh fruits and vegetables as part of it. These goals have all been undermined by the DOH's actions in greatly limiting the number of vendors that can provide participants with exempt formula. This action, which was taken without the input of WIC's stakeholders, makes it difficult for participants to have access to the foods they need to ensure their proper nutrition. Greatly limiting the number of vendors imposes a hardship of participants. In addition, by shifting participants to stores that don't provide fresh fruits and vegetables, the DOH undermines the State's goal of improving early childhood nutrition. For these reason, Senator Klein is advancing legislation with his Senate and Assembly colleagues, that reverses DOH's badly thought out order and brings future rule changes into the state's existing rule making procedures, a process that gives stakeholders a voice. This is critical to ensure that what happened in 2014 does not happen again.

### **Appendix**

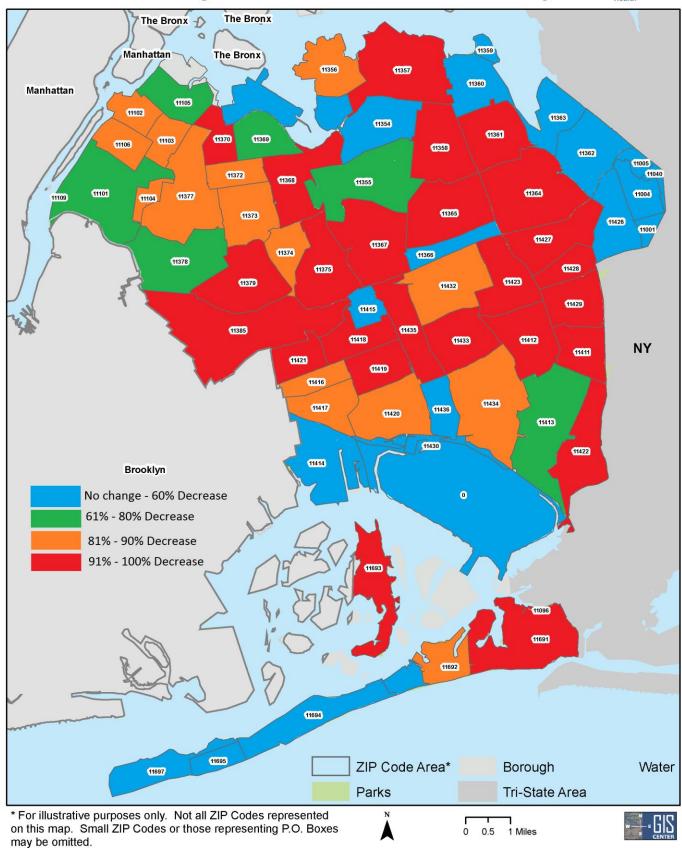
# **Borough of Brooklyn, New York City**





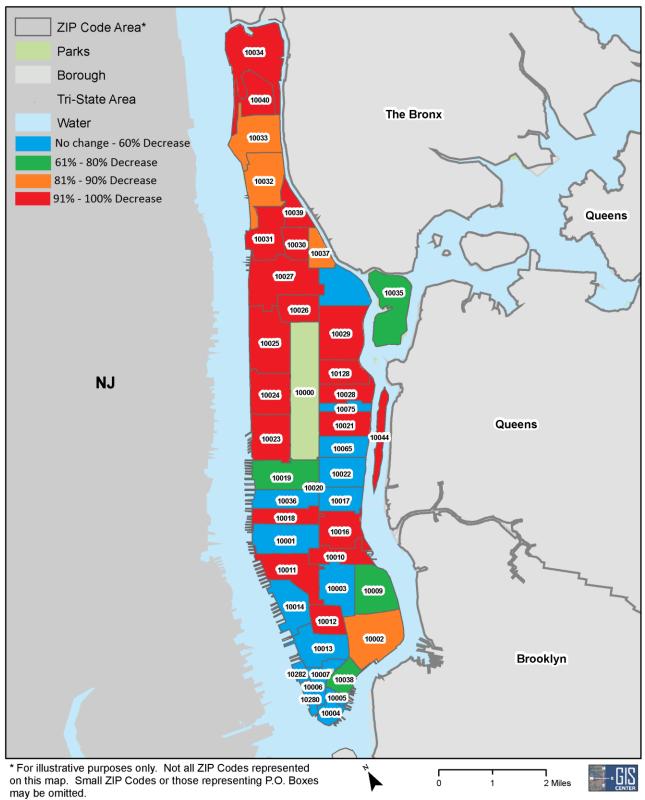
## **Borough of Queens, New York City**





# **Borough of Manhattan, New York City**





# Borough of Brooklyn, New York City



