

February 21, 2023

WIC Administration, Benefits, and Certification Branch  
Policy Division  
Food and Nutrition Service  
P.O. Box 2885  
Fairfax, Virginia 22031-0885

Re: Docket No. FNS-2022-0007—Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages

To Whom It May Concern:

On behalf of our 159,000 members, we would like to comment on the Food and Nutrition Service's proposal to better align the nutrition content of WIC food packages with the current *Dietary Guidelines for Americans* and the science-based recommendations of the National Academies of Sciences, Engineering and Medicine.<sup>1,2</sup> We offer these comments in response to your Federal Register notice of November 21, 2022 (87 FR 71090).

The WIC program provides a monthly allowance for eligible low-income women, infants, and children (up to age five) to purchase certain nutrition-rich foods from authorized retailers. Following a medical and/or nutritional risk assessment, participants are prescribed one of seven food packages<sup>3</sup> tailored to their participant category and nutritional needs.

FNS is proposing to reduce—but not entirely eliminate—the WIC program's reliance on juice as a nutrient delivery method. Specifically, it would:

- Retain the current juice exclusion for children under 12 months.
- Reduce the eligible monthly juice allowance for children ages 1-4 years, from 128 ounces (around 4.3 ounces per day) to 64 fluid ounces per month (around 2 ounces per day).
- Reduce the eligible monthly juice allowance for pregnant and breastfeeding women from 144 ounces (around 4.8 ounces per day) to 64 fluid ounces per month (around 2 ounces per day).
- Eliminate the juice allowance for postpartum participants, who have lower caloric needs relative to those who are pregnant and lactating.
- Introduce a \$3 cash-value voucher to purchase fresh fruits and vegetables instead of juice.

From a dental perspective, no amount of sugar can be consumed without increasing the risk for tooth decay. Sugar increases the build-up of plaque (a sticky, colorless, bacterial film),

which weakens enamel and can potentially form a cavity. This applies regardless of whether the sugar is natural or added.

At the same time, we recognize that it is neither practical nor possible to remove all sugary foods from the human diet. It is also not practical to classify some foods and beverages as more or less harmful to oral health than others. Even milk has a measurable amount of sugar. It is practical and possible, however, to encourage good eating habits, which would necessarily include limiting sugar consumption.

Your proposal is consistent with the general direction of beverage consumption recommendations<sup>4,5</sup> from the American Academy of Pediatric Dentistry, which were released prior to the latest iteration of the *Dietary Guidelines*.<sup>6</sup> Those recommendations, which reflected the evidence available at the time, were developed in collaboration with the Academy of Nutrition and Dietetics, American Academy of Pediatrics, and the American Heart Association.

We are pleased to support your proposal to reduce the WIC program's reliance on juice as a nutrient delivery method. It will not end diet-related tooth decay, but it is an important step in that direction.

Thank you for providing us the opportunity to comment. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or [burnsr@ada.org](mailto:burnsr@ada.org).

Sincerely,

/s/

George R. Shepley, D.D.S.  
President

/s/

Raymond A. Cohlma, D.D.S.  
Executive Director

GRS:RAC:rjb

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<sup>1</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020.

<sup>2</sup> National Academies of Sciences, Engineering, and Medicine. 2017. *Review of WIC Food Packages: Improving Balance and Choice: Final Report*. Washington, DC: The National Academies Press.

<sup>3</sup> Depending on the food package, the authorized food categories include infant formula, cereal, and foods; exempt infant formulas; certain nutritional supplements; milk; cheese; breakfast cereal; juice; fruits and vegetables; whole wheat/whole grain bread; eggs; legumes and peanut butter; and canned fish.

<sup>4</sup> American Academy of Pediatric Dentistry. *Healthy Beverage Consumption in Early Childhood. Recommendations from Key National Health and Nutrition Organizations: Summary of Oral Health Considerations*. 2022. The Reference Manual of Pediatric Dentistry 2022-2023.

<sup>5</sup> Lott M, Callahan E, Welker Duffy E, Story M, Daniels S. *Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations*. Technical Scientific Report. Durham, NC: Healthy Eating Research, 2019.

<sup>6</sup> The Healthy Beverage Consumption in Early Childhood recommendations pertain to natural fruit juices (not from concentrate). They also do not address situations in which specific nutrition guidance is needed to manage a health condition.