



**FARE meeting with OMB on WIC Food Packages Final Rule
March 13, 2024, 1:30-2 pm EST**

Attendees:

- OMB team (TBD)
- USDA team (TBD, if any participate)
- Robert Earl, VP, Regulatory Affairs, FARE (Food Allergy Research & Education)
- Allie Graham, Food Directions (for FARE)

Introductions:

- FARE asks for OMB and, if applicable, USDA introductions.
- Bob leads FARE introductions of himself and Allie.
- FARE appreciates the time to meet with OMB prior to releasing the USDA final rule on updates to WIC food packages.
- FARE's mission is to improve the quality of life and the health of individuals with food allergies. Food allergy is a disease, not a diet.
- Food allergies are a health equity issue that impacts overall nutrition security in the United States. Over 33 million Americans suffer from food allergies, and disproportionately, food allergies impact black and brown Americans.
- In the proposed updates to the WIC food package, USDA has taken significant steps in the proposed rule to address health equity and better improve nutrition security for all WIC participants overall. In this same vein, USDA must consider updates to the WIC food package that address the needs of the food allergy community—substitutions for children and women, and prevention of food allergy for infants.
- FARE is here today to build off comments provided to OMB and USDA in September 2022, and to USDA during the proposed rule comment period. We ask OMB to ensure these issues are addressed in the final rule.

Main points for consideration:

Point 1: USDA must address the benefit of early introduction of food allergens within the infant food packages, to align with the most recent nutrition science contained in the 2020-2025 Dietary Guidelines for Americans (DGA) in proposed infant food packages I and II.

- The early introduction of food allergens between 4-6 months of age has been shown as an effective tool to help prevent the risk of developing food allergies later in life. It is a low-cost dietary intervention that has exponential positive health benefits.
- Current DGA recommendations underscore that early introduction of peanut is an effective tool to reduce the risk of developing food allergy among infants.
- Despite strong and precedent-setting recommendations in the 2020 DGAC report and the 2020-2025 DGA around early introduction, specifically for peanuts, FARE was disappointed to see that the proposed updates to WIC food packages were completely silent about these recommendations for infant food packages.

- In meetings with USDA prior to issuing the proposed rule, we presented research on the benefits of early introduction, and additional information about health equity needs related to the burden of food allergy among Hispanics.
- We believe that USDA should take the critical first steps of addressing early introduction by adding creamy peanut butter to infant food packages I and II.
- Critically, early introduction of food allergens is an ultra-low-cost prevention option that can save substantial federal and other health care expenditures in the long term.
 - With almost half of infants born in the US each year eligible to participate in the WIC program, early introduction of food allergens in the infant diet is estimated to prevent onset of food allergy in approximately 34,000 infants served annually by WIC,
 - The [Southern Peanut Farmers Federation](#) has calculated the cost of adding creamy peanut butter to WIC Food Package II at \$4.88 per infant during the second six months of life based on IRI retail scan data. FARE acknowledges that the amount would be slightly higher to begin introduction of creamy peanut butter or other infant-safe options at 4 months of age with modification of Food Package I and Food Package II—approximately \$6.10 or less.
 - With food allergy to peanut often being a life-long burden, annual costs for food allergy management (epinephrine and other medications, and inpatient and outpatient costs) on average is over \$7,000 per person per year, not including cost of alternate foods.
 - A one-time investment of \$6.10 for creamy peanut butter in Infant Food Package I and Food Package II produces an incredible lifetime reduced health care burden and cost savings, particularly in under-resourced populations whose burden is greater, basically taking cost to zero (less than \$0.10 per year) over a lifetime (estimated at 75 years) without food allergy compared to one with food allergy.
- Given the recommendations of the 2020-2025 DGAs and the benefits of such an inexpensive intervention, we believe that USDA should take the first step by including creamy peanut butter, at minimum, or other infant-safe peanut options, in the infant WIC food packages between 4 and 12 months (revision to Food Package I and Food Package II). [Peanut butter continues to be available in the child food packages for ongoing consumption of peanut beyond 12 months.]
- As scientific evidence evolves about the benefits of early introduction of food allergens beyond peanut, such as egg, USDA should also establish an easy pathway for other infant-safe food options to be added to address the early introduction to reduce the risk of developing food allergies. This work should be accompanied by WIC participant education.
- FARE is not alone in these recommendations. Numerous comments from physicians and researchers in the food allergy community have been sent to USDA. We ask OMB to ensure this issue is addressed in the final rule.

Point 2: FARE asks that OMB ensure that there are sufficient appropriate substitutions available in WIC food package options for children and women with existing food allergies to best “tailor” their WIC food package to their cultural needs and dietary practices, while meeting supplemental nutrition goals of the WIC program.

- FARE appreciates the attention that USDA FNS has given in the proposed rule for food substitutions to accommodate the needs of children and women with existing food allergies, but they should go further.
- FARE believes that additional allowances in the WIC food package will provide even greater options of foods that meet participants' food allergy needs with a wide range of foods.
- If a food is required but is not congruent with dietary restrictions, cultural, ethnic, and personal food preferences, foods in WIC food packages may not be consumed to receive intended supplemental nutrition. Flexibility is critical for women and children with existing food allergies for nutrient delivery equivalency.
- FARE acknowledges that marketplace availability nationwide in underserved communities and in states, territories, and tribal organizations can be a barrier to the substitution options described in the USDA proposed rule.
- Across each food category, USDA must ensure that adequate options are offered to participants and that such options are widely available in the marketplace.
- In our prior comments to USDA, we specifically raised concerns about ensuring that appropriate substitutions are available within the child and women WIC food packages.
 - Examples include retaining non-wheat cereals like corn flakes and puffed rice; gluten-free bread to address wheat allergy and celiac disease in addition to brown rice, oat, and corn options; sun butter versus peanut butter (beans are not always desired); dairy alternatives; soy alternatives, etc. There are several fish options, but to consider other options beyond tuna, salmon, sardines, and mackerel. Egg alternative will be a challenge in delivering equivalent nutrients. Tree nuts and crustacean shellfish are not included in WIC food packages.
- Finally, FARE believes it is imperative that USDA's final rule must consider substitutions for products that contain sesame, as it is now required to be labeled as a major food allergen in the United States. Furthermore, FARE believes that all bakery products allowed in WIC food packages must be free of sesame.
- FARE believes the goal for WIC food package substitutions to accommodate the needs of children and women with existing food allergies via food package tailoring must not be a burden to reduce the risk of WIC participants dropping out or not being able to choose from a set of alternates and substitutions that meet their needs.
- We ask OMB to ensure that food allergen substitutions are fully and appropriately addressed in USDA's final rule to update WIC food packages for children and women. We will re-share our specific comments with you as a reference.

Summary/Conclusion:

- FARE appreciates the opportunity to meet with OMB today.
- We believe that it is critical for USDA to take steps to prevent food allergies for the nearly 34,000 infants served annually by the WIC program. To do this, we believe that 1) USDA should add peanut butter or other infant-safe peanut products to the infant food packages; 2) USDA should also establish an easy pathway for other foods to be added to address the early introduction of food allergies as scientific evidence evolves. This work should be accompanied by WIC participant education.
- The cost to include early introduction of food allergens is virtually zero compared to the immediate and lifetime benefit of reducing food allergy and its burdens among infants in

the WIC program. Early introduction can virtually eliminate peanut allergy in a generation. This represents a huge savings across federal government entities.

- Food allergies are a health equity issue, disproportionately impacting black and brown participants in the program. Again, food allergy is a disease, not a diet. For all participants with existing food allergies, FARE requests that USDA fully consider flexibility for substitutions and include adequate and available options for participants with existing food allergies (children and women).
- Thank you for taking the time with us today and we are happy to reshare the comments provided to USDA on its proposed rule.