



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

January 10, 2019

The Honorable Nancy J. King  
Chair, Senate Budget and Taxation  
Committee  
3 West Miller Senate Office Building  
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh  
Chair, House Appropriations Committee  
121 House Office Building  
Annapolis, MD 21401-1991

Re: **2018 Joint Chairmen's Report (p. 80) - Report on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

Dear Chairs King and McIntosh:

Pursuant to page 80 of the 2018 Joint Chairmen's Report, the Maryland Department of Health is submitting this report on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This report on WIC details the following:

- *the number of women, infants, and children receiving the benefit by year by jurisdiction between Fiscal Years 2014 and 2018;*
- *an estimate of the number of people not receiving benefits in Fiscal Year 2018 who are potentially eligible;*
- *a description of how the benefit is administered, including eligibility parameters provided by the federal government and required by the State; and*
- *an evaluation of WIC programs in other states to determine the extent that other states have expanded access to or added to the benefit.*

I hope this information is helpful. If you have any questions or comments concerning the report, please contact Deputy Chief of Staff Webster Ye at 410-767-6480 or [webster.ye@maryland.gov](mailto:webster.ye@maryland.gov).

Sincerely,

Robert R. Neall  
Secretary

cc: Sarah Albert, Department of Legislative Services

**REPORT ON THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR  
WOMEN, INFANTS AND CHILDREN (WIC)**

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Completed pursuant to Page 80 of the 2018 Joint Chairmen's Report

Larry Hogan  
Governor

Boyd Rutherford  
Lieutenant Governor

Robert R. Neall  
Secretary

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**MARYLAND**  
Department of Health

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## **I. Introduction**

This report is hereby submitted in response to the following reporting requirement found under the 2018 Joint Chairmen’s Report, page 80. The required components of the report are:

- The number of women, infants, and children receiving the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefit by year by jurisdiction between State fiscal year (SFY) 2014 and 2018;
- An estimate of the number of people not receiving WIC benefits in SFY 2018 who are potentially eligible;
- A description of how the WIC benefit is administered, including eligibility parameters provided by the federal government and required by the State; and
- An evaluation of WIC Programs in other states to determine the extent that other states have expanded access to or added to the benefit.

## **II. Background**

### **a. General Information about WIC**

WIC is a federally funded program that provides nutrition education, breastfeeding promotion and support, nutritious supplemental foods, and referrals to social and health services. These benefits improve the health of low and moderate-income women and children with, or at risk of developing, nutrition-related health problems.

WIC’s goal is to educate and assist pregnant women to achieve better birth outcomes, including longer pregnancies, which result in fewer premature births, fewer low birthweight babies, and fewer fetal and infant deaths. WIC helps to ensure normal physical growth of children and has been shown to improve cognitive development, reduce levels of anemia, improve access to regular health care and social services, improve diets and household health behaviors, improve school performance, and improve breastfeeding rates through support and counseling.<sup>1</sup> WIC aims to improve children's long-term health, growth, and development. WIC children arrive at school with a healthy foundation ready to learn.

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<sup>1</sup> Center on Budget and Policy Priorities. WIC Works: Addressing the Nutrition and Health Needs of Low-income Families for 40 Years. Rev March 29, 2017. By Steven Carlson and Zoë Neuberger. 27 November 2018 <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>

By delegation from the United States Department of Agriculture (USDA), state agencies are responsible for the effective and efficient administration of the WIC Program in accordance with regulations set forth in 7 C.F.R. §246. In Maryland, the WIC Program is administered through the Prevention and Health Promotion Administration in the Maryland Department of Health.

#### **b. How the WIC Benefit is Administered**

Persons who wish to apply for WIC benefits must be a pregnant woman, a woman who has recently delivered or lost a pregnancy, a breastfeeding woman, or a child under five years old. WIC eligible persons must meet income guidelines, residency requirements, and be at nutritional risk. Federal regulations (7 C.F.R. §246.2) define nutrition risk as: (a) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (b) other documented nutritionally related medical conditions; (c) dietary deficiencies that impair or endanger health; (d) conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or (e) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, homelessness and migrancy. To apply, applicants must attend a certification appointment at the clinic most convenient to them (for example, near their home, where they work, or where they receive medical services). Potentially eligible persons apply at one of 85 local WIC clinics located throughout Maryland. At each certification appointment, they must present proof of residency (i.e., location or address where the applicant routinely lives or spends the night within the State agency's jurisdiction) and proof of identity (i.e., a government issued ID card or a hospital birth/crib card), and proof of income. Proof of income must reflect total gross household income and be no more than 185 percent of the Federal Poverty Level. Applicants are considered adjunctively income eligible for WIC if they receive Medicaid, Temporary Cash Assistance, or Supplemental Nutrition Assistance Program (SNAP, also known as Food Stamps).

Persons determined eligible to receive WIC benefits receive nutrition and breastfeeding education, supplemental healthy foods, and referrals to various health and social services in the community. Food benefits are issued with use of an electronic WIC (eWIC) benefits transfer card. Participants can shop at any of the 600+ approved WIC vendors to redeem their monthly food benefits.

When a participant's eligibility is determined, the period of time the person is eligible for WIC (called the "certification period") depends on the WIC participant's category. The categories and corresponding certification periods are as follows:

- Pregnant women – certified for the expected duration of their pregnancy and up to 6 weeks postpartum.
- Postpartum women – up to six months after the end of their pregnancy.
- Breastfeeding women – up to the infant’s first birthday.
- Infants – up to the infant’s first birthday.
- Children – for one year from the date of certification, up to the age of five.

Participants return to their local WIC clinic two to three times during the certification period for follow up growth assessment, continued nutrition and breastfeeding education, and issuance of additional benefits. WIC staff are also available between appointments for assistance with program-related questions, breastfeeding support, and help with linkage and referral to community resources to help meet the varying needs of WIC families. When a certification period ends, a participant may reapply if eligible under another category (i.e., a pregnant, post-partum or breastfeeding woman, or an infant or child up to the age of five).

### **III. Methods for Obtaining Required Information for this Report**

#### **a. WIC Participation Data**

WIC participation is defined by federal regulations (7 C.F.R. §246.2) as “the sum of: (1) the number of persons who have received supplemental foods or food instruments during the reporting period; (2) the number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; and (3) the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.”

The WIC information system, WIC on the Web, is used to compile participant data. Applicant data information is gathered and entered into the centralized WIC information system at the clinic level where applicants are certified for the WIC Program. Applicants must meet all federal eligibility requirements of the WIC Program (income, residency, and risk) to participate in the WIC Program and receive benefits. The information system is audited biennially by the USDA and meets the functional requirements published by the USDA for a model WIC system. When an applicant receives supplemental foods for the reporting period they are classified as a participant.

State and local agency WIC staff receive intensive training and are provided written policies and procedures for the proper collection and entry of WIC applicant data. The WIC information system is designed to validate participation counts by cross-checking

the number of individual participants who are certified with food benefits issued to individual participants. System data is monitored daily at the State level and reported monthly to the USDA.

## **b. Estimated WIC-Eligible Population**

The methodology for estimating the WIC-eligible population includes the steps listed below:

1. Determine number of WIC-eligible infants;
2. Determine the number of WIC-eligible children ages one to four years old; and
3. Determine total number of WIC-eligible women as the sum of the following factors:
  - a. Number of WIC-eligible pregnant women;
  - b. Number of WIC-eligible postpartum mothers who breastfeed; and
  - c. Number of WIC-eligible postpartum mothers who do not breastfeed.

### **Infants and Children**

The USDA report on estimated WIC-eligible populations used national and state data from the US Census' Current Population Survey Annual Social and Economic Supplement and the American Community Survey.<sup>2,3</sup> These sources do not provide jurisdiction-level data. To account for missing jurisdiction-level data, the number of WIC-eligible infants and children by jurisdiction were determined using Maryland Medicaid coverage-group-specific enrollment data provided by the Hilltop Institute for SFY 2014 to 2018 by enrollee residence jurisdiction. The Hilltop Institute estimates the number of infants and children based on their age as of June 30 of each SFY.

### **Pregnant Women**

Estimates for the de-duplicated number of WIC-eligible pregnant women by jurisdiction were determined using Maryland coverage-group specific Maryland Medicaid enrollment data provided by the Hilltop Institute for SFY 2014 to 2018 by enrollee residence jurisdiction. The number of pregnant women was adjusted based on the Continuing Survey of Food Intake by Individuals which suggests that three percent of income-eligible pregnant women were not at nutritional risk resulting in an adjustment factor of

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<sup>2</sup> National Research Council (US) Panel to Evaluate the USDA's Methodology for Estimating Eligibility and Participation for the WIC Program; Ver Ploeg M, Betson DM, editors. Estimating Eligibility and Participation for the WIC Program: Final Report. Washington (D.C.): National Academies Press (U.S.); 2003. <https://www.ncbi.nlm.nih.gov/books/NBK221956/>

<sup>3</sup> U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2014, and Updated Estimates for 2005–2013, by Paul Johnson, David Betson, Lorraine Blatt, and Linda Giannarelli. Project Officer: Grant Lovellette. Alexandria, VA: September 2017. 27 November 2018 <https://fns-prod.azureedge.net/sites/default/files/ops/WICEligibles2014.pdf>

0.97.<sup>4</sup> The following calculation was applied to the number of WIC-eligible pregnant women:

$$\text{WIC Eligible Pregnant Women} = \text{Medicaid Enrolled Pregnant Women} * 0.97$$

### **Postpartum Women**

WIC eligibility estimates for postpartum women were based on counts of WIC-eligible infants. To estimate WIC-eligible postpartum women, the counts were first adjusted for multiple births and fetal and infant deaths. Additional adjustments were then required to account for the estimated extent of breastfeeding among WIC-eligible mothers and the duration of breastfeeding. A new mother can receive benefits for six months if she is not breastfeeding, but she is potentially eligible for 12 months if she is breastfeeding. Adjustments were applied to the number of mothers whose infants are WIC-eligible to separately estimate eligibility for postpartum women who were breastfeeding compared to those not breastfeeding. Adjustment factors for breastfeeding and not breastfeeding postpartum women were derived from the National Immunization Survey, a survey conducted by the Centers for Disease Control and Prevention.<sup>5</sup> The survey provides state-level data for the percentage of infants ever breastfed, the percentage breastfed at six months, and the percentage breastfed at 12 months, with 2014 being the most recently available year of data. The adjustment factor for Maryland postpartum breastfeeding women was the percentage of mothers who still breastfed at 12 months: 43.5 percent or 0.435. The adjustment factor for Maryland postpartum non-breastfeeding women was the percentage of women who were not breastfeeding at six months: 36.7 percent or 0.367. The following calculations summarize the adjustment factors for postpartum breastfeeding women and postpartum non-breastfeeding women:

$$\begin{aligned} \text{Postpartum Breastfeeding Women} &= \text{Medicaid Eligible Infants} * 0.9961 * 0.435 \\ \text{Postpartum non – Breastfeeding Women} &= \text{Medicaid Eligible Infants} * 0.9961 * 0.367 \end{aligned}$$

### **Total Estimated WIC-Eligible Women**

The estimated number of women eligible for WIC was the sum of pregnant women, postpartum breastfeeding women, and postpartum non-breastfeeding women as defined above.

## **IV. Results**

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<sup>4</sup> Agricultural Research Service, U.S. Department of Agriculture. United States USDA Continuing Survey of Food Intake by Individuals/Diet and Health Knowledge Survey 1994-1996 and 1998. Washington, D.C., United States: Agricultural Research Service, U.S. Department of Agriculture.

<sup>5</sup> Centers for Disease Control and Prevention. Breastfeeding. Results: Breastfeeding Rates. National Immunization Survey. 16 November 2018 [https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html).



**a. Number Receiving the WIC Benefit by Year by Jurisdiction in SFY 2014 – 2018**

The following chart shows an unduplicated count of the number of women, infants, and children participating in the WIC Program for SFY 2014 – 2018.

Maryland Women, Infants and Children (WIC) Program																				
Unduplicated Participant Count SFY 2014 - 2018																				
Jurisdiction	SFY 2014				SFY 2015				SFY 2016				SFY 2017				SFY 2018			
	Women	Infants	Children	Total	Women	Infants	Children	Total	Women	Infants	Children	Total	Women	Infants	Children	Total	Women	Infants	Children	Total
Allegany	917	474	1,503	2,894	877	429	1,467	2,773	859	434	1,399	2,692	787	409	1,328	2,524	802	419	1,283	2,504
Anne Arundel	4,691	2,400	7,070	14,161	4,610	2,332	6,981	13,923	4,368	2,279	6,677	13,324	4,027	2,069	6,568	12,664	3,868	1,990	6,080	11,938
Baltimore City	11,319	5,654	18,827	35,800	11,305	5,913	18,662	35,880	10,969	5,482	18,760	35,211	10,282	5,239	18,262	33,783	9,584	4,936	16,881	31,401
Baltimore County	8,875	4,559	14,276	27,710	8,988	4,717	13,987	27,692	8,939	4,523	13,980	27,442	8,804	4,507	13,471	26,782	8,573	4,511	13,204	26,288
Calvert	627	324	981	1,932	583	297	924	1,804	547	273	846	1,666	458	239	757	1,454	441	230	713	1,384
Caroline	560	270	905	1,735	533	315	876	1,724	520	238	899	1,657	516	272	842	1,630	507	258	862	1,627
Carroll	960	494	1,480	2,934	930	498	1,381	2,809	849	424	1,306	2,579	770	433	1,155	2,358	724	385	1,131	2,240
Cecil	1,058	561	1,779	3,398	1,075	548	1,726	3,349	1,069	588	1,745	3,402	964	483	1,664	3,111	951	524	1,561	3,036
Charles	1,650	864	2,668	5,182	1,596	824	2,547	4,967	1,499	805	2,431	4,735	1,382	718	2,311	4,411	1,379	705	2,216	4,300
Dorchester	515	267	858	1,640	510	258	831	1,599	491	246	834	1,571	453	240	786	1,479	438	226	767	1,431
Frederick	1,970	974	3,225	6,169	1,968	976	3,186	6,130	1,904	942	3,177	6,023	1,812	910	2,991	5,713	1,809	903	2,978	5,690
Garrett	377	176	585	1,138	373	173	578	1,124	397	199	605	1,201	358	165	618	1,141	332	170	576	1,078
Harford	1,956	1,001	3,071	6,028	1,860	970	3,082	5,912	1,789	939	2,835	5,543	1,687	889	2,660	5,236	1,628	863	2,608	5,099
Howard	1,940	934	3,192	6,066	1,911	975	3,064	5,950	1,918	951	3,019	5,888	1,865	915	2,984	5,784	1,816	922	2,932	5,670
Kent	221	128	364	713	219	105	343	667	193	95	318	606	176	87	277	540	157	94	271	522
Montgomery	10,325	4,834	17,081	32,240	10,446	4,869	17,013	32,328	10,584	4,990	17,025	32,599	10,368	4,748	16,887	32,003	9,880	4,699	15,752	30,331
Prince George's	13,498	6,654	20,577	40,729	13,901	7,145	20,824	41,870	14,237	6,967	21,620	42,824	14,024	6,952	21,554	42,530	13,417	6,788	20,975	41,180
Queen Anne's	295	157	502	954	308	149	501	958	291	161	460	912	294	152	453	899	253	121	467	841
Somerset	375	181	592	1,148	340	176	591	1,107	338	165	556	1,059	321	150	535	1,006	291	150	484	925
St. Mary's	1,079	570	1,662	3,311	1,147	605	1,700	3,452	1,027	523	1,699	3,249	892	447	1,590	2,929	868	453	1,496	2,817
Talbot	352	173	522	1,047	345	176	534	1,055	328	158	538	1,024	336	164	543	1,043	324	167	527	1,018
Washington	2,097	1,078	3,458	6,633	1,995	1,045	3,351	6,391	1,840	957	3,190	5,987	1,737	901	2,956	5,594	1,727	915	2,833	5,475
Wicomico	1,636	822	2,731	5,189	1,640	823	2,719	5,182	1,628	868	2,624	5,120	1,617	800	2,596	5,013	1,659	846	2,556	5,061
Worcester	465	232	782	1,479	420	203	719	1,342	386	194	671	1,251	346	187	600	1,133	332	170	557	1,059
<b>Maryland</b>	<b>67,758</b>	<b>33,781</b>	<b>108,691</b>	<b>210,230</b>	<b>67,880</b>	<b>34,521</b>	<b>107,587</b>	<b>209,988</b>	<b>66,950</b>	<b>33,401</b>	<b>107,214</b>	<b>207,565</b>	<b>64,296</b>	<b>32,076</b>	<b>104,388</b>	<b>200,760</b>	<b>61,760</b>	<b>31,445</b>	<b>99,710</b>	<b>192,915</b>

**b. Estimate of those who are Potentially Eligible but not Receiving WIC Benefits in SFY 2018**

SFY 2018 Estimated Eligible Population Maryland Women, Infants, and Children Program												
County	Women			Infants			Children			Total		
	Eligibles*	Participants	% of Eligibles	Eligibles	Participants	% of Eligibles	Eligibles	Participants	% of Eligibles	Eligibles	Participants	% of Eligibles
Allegany	956	802	83.9%	483	419	86.7%	1,979	1,283	64.8%	3,418	2,504	73.3%
Anne Arundel	4,939	3,868	78.3%	2,564	1,990	77.6%	10,942	6,080	55.6%	18,445	11,938	64.7%
Baltimore City	11,230	9,584	85.3%	5,900	4,936	83.7%	24,367	16,881	69.3%	41,497	31,401	75.7%
Baltimore County	10,453	8,573	82.0%	5,456	4,511	82.7%	22,263	13,204	59.3%	38,172	26,288	68.9%
Calvert	613	441	71.9%	316	230	72.8%	1,342	713	53.1%	2,271	1,384	60.9%
Caroline	604	507	83.9%	312	258	82.7%	1,282	862	67.2%	2,198	1,627	74.0%
Carroll	991	724	73.1%	509	385	75.6%	2,312	1,131	48.9%	3,812	2,240	58.8%
Cecil	1,241	951	76.6%	660	524	79.4%	2,773	1,561	56.3%	4,674	3,036	65.0%
Charles	1,651	1,379	83.5%	874	705	80.7%	3,661	2,216	60.5%	6,186	4,300	69.5%
Dorchester	507	438	86.5%	265	226	85.3%	1,194	767	64.2%	1,966	1,431	72.8%
Frederick	2,179	1,809	83.0%	1,116	903	80.9%	4,686	2,978	63.6%	7,981	5,690	71.3%
Garrett	406	332	81.8%	203	170	83.7%	807	576	71.4%	1,416	1,078	76.1%
Harford	2,059	1,628	79.1%	1,076	863	80.2%	4,711	2,608	55.4%	7,846	5,099	65.0%
Howard	2,211	1,816	82.1%	1,141	922	80.8%	4,756	2,932	61.6%	8,108	5,670	69.9%
Kent	186	157	84.2%	101	94	93.1%	432	271	62.7%	719	522	72.6%
Montgomery	11,256	9,880	87.8%	5,899	4,699	79.7%	22,978	15,752	68.6%	40,133	30,331	75.6%
Prince George's	15,005	13,417	89.4%	8,103	6,788	83.8%	32,132	20,975	65.3%	55,240	41,180	74.5%
Queen Anne's	371	253	68.2%	184	121	65.8%	888	467	52.6%	1,443	841	58.3%
Somerset	373	291	78.0%	196	150	76.5%	839	484	57.7%	1,408	925	65.7%
St. Mary's	1,050	868	82.7%	544	453	83.3%	2,343	1,496	63.8%	3,937	2,817	71.6%
Talbot	401	324	80.9%	210	167	79.5%	859	527	61.4%	1,470	1,018	69.3%
Washington	2,137	1,727	80.8%	1,098	915	83.3%	4,713	2,833	60.1%	7,948	5,475	68.9%
Wicomico	1,950	1,659	85.1%	975	846	86.8%	3,782	2,556	67.6%	6,707	5,061	75.5%
Worcester	506	332	65.6%	268	170	63.4%	1,215	557	45.8%	1,989	1,059	53.2%
Maryland	73,361	61,760	84.2%	38,484	31,445	81.7%	157,393	99,710	63.4%	268,983	192,915	71.7%

\*Data not yet available

SFY 2018 = July 1, 2017 - June 30, 2018

Eligibles based on selected infants, children and pregnant women participating in the Maryland Medicaid Program

Eligible women = adjusted pregnant women + postpartum breastfeeding women (adjusted infants) + postpartum non-breastfeeding women (adjusted infants)

Participants based on Maryland WIC Program unduplicated participant count

Infant/child age calculated as of June 30, 2018

**c. Evaluation of Whether WIC Programs in Other States have Expanded Access to or Added to the Benefit**

The Maryland WIC Program solicited input from states within the USDA Mid-Atlantic Region, which includes Maryland, Virginia, West Virginia, Pennsylvania, Delaware, New Jersey, Puerto Rico, and the US Virgin Islands. None of the states in the region have expanded access or added to the benefit provided to WIC participants. Specifically, Maryland WIC asked whether other states have expanded their WIC Programs to increase eligibility to people above 185 percent of the Federal Poverty Level.

The USDA responded: *In accordance with WIC Policy Memo 2013-3 and 7 C.F.R. §246.7(d)(1), state agencies only have two options for determining WIC Income Eligibility Guidelines; (1) Equal to the income guidelines established under section 9 of the National School Lunch Act for reduced-price school meals (currently at 185 percent of the Federal Poverty income guidelines), or (2) Identical to state or local guidelines for free or reduced-price health care (which should not exceed the guidelines for reduced-price school meals or be less than 100 percent of the revised Federal poverty income guidelines). In essence, 185 percent of the Federal Poverty income guidelines is the maximum for WIC eligibility at this time.*

The Maryland WIC Program also asked the USDA if states are allowed to increase the benefit provided to eligible participants. The USDA responded: *This is unallowable. In accordance with 7 C.F.R. §246.10(b)(2)(ii)(A), state agencies are only to provide the maximum monthly allowances of authorized supplemental foods as outlined in Tables 1-3 of paragraphs (e)(9) through (e)(11) of 7 C.F.R. §246.10. Any benefits beyond the identified maximum monthly allowance is unallowable. The flexibilities that a State agency has in prescribing food benefits are outlined in 7 C.F.R. §246.10 and pertain to authorizing brands, sizes, etc., but not exceeding the maximum monthly allowance.*

Finally, the Maryland WIC Program asked if other states offer a more robust program through WIC than is required by the federal guidelines." The USDA responded: *State agencies have the flexibility to be more strict than the federal guidelines but cannot be less strict.*

## **V. Conclusion**

The Maryland WIC Program provides the maximum monthly benefit to participants allowed under USDA regulations. WIC Programs are not allowed to be less strict than the federal guidelines nor can they expand eligibility guidelines to allow access to WIC Program benefits.

Maryland serves approximately 72 percent of the total estimated population eligible for WIC Program services. The breakdown by women, infants, and children is 84 percent of women served, 82 percent of infants served, and 63 percent of eligible children served. Comparatively, in 2015 it was estimated that nationally, approximately 15 million people nationwide were eligible to receive benefits from the WIC Program in a given month. Of the 15 million, 53 percent, or just under 8 million people, were covered by the Program nationally. Maryland's estimated coverage rate of 72 percent in 2018 far exceeds the national coverage rate of 53 percent in 2015.