

February 20, 2023

USDA WIC Food Package Proposed Rule

Re: Request for Comment

Dear Secretary Vilsack:

We thank the U.S. Department of Agriculture for the opportunity to share our perspective on behalf of the celiac disease patient community as part of the WIC Food Package Proposed Rule public comment process.

Background: Celiac Disease Prevalence, Comorbid/Mortality Risk

Celiac disease is an autoimmune disease that occurs in genetically susceptible individuals who develop an immune response to ingested gluten. This disease affects greater than 1 percent of the US population – **more than 3 million Americans** – and the incidence appears to have been increasing over the last several decades. **The only known treatment is strict, life-long avoidance of all forms of wheat, rye, and barley.** Although a gluten-free diet is an effective treatment in many individuals, recent research has revealed that up to 50 percent of individuals following a gluten-free diet are inadvertently exposed to gluten, and a substantial minority develop persistent or recurrent symptoms.¹

Failure or inability to adhere to a gluten-free diet, including accidental exposure to gluten, triggers the autoimmune response which can have devastating and debilitating consequences for patients by **increasing the mortality risks for other diseases, including cancer, cardiovascular disease, and respiratory disease.** Beyond mortality risk, celiac disease is also associated with an increased risk of a variety of chronic illnesses, including additional autoimmune disease and cancers such as intestinal malignancy and lymphoma.

The one protective factor for most celiac disease patients is access and adherence to a gluten-free diet. Gluten restriction in celiac disease patients significantly decreases the risk of certain malignancies to the level of the general population.² Other research shows that for patients following a gluten-free diet for at least five years, the risk of “developing cancer over all sites is not increased when compared with the general population. The risk is increased, however, in those taking a reduced gluten, or a normal diet, with an excess of cancers of the mouth, pharynx and oesophagus...and also of lymphoma...The results are suggestive of a protective role for a GFD [gluten-free diet] against malignancy in coeliac disease and give further support for advising all

patients to adhere to a strict GFD for life.”³ A greater risk of small bowel cancer has also been shown in celiac disease patients who don’t maintain a gluten-free diet.⁴

Food As Medicine: Food Security, the Gluten-Free Diet, and Considerations for WIC

As appropriately recognized in the Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health, Pillar 2: food is medicine.

Pillar 2—Integrate Nutrition and Health: Prioritize the role of nutrition and food security in overall health—including disease prevention and management—and ensure that our health care system addresses the nutrition needs of all people.

This is a critical recognition, as currently food is the only medicine for more than 3 million Americans living with celiac disease.

Food insecurity can make a gluten-free diet out of reach for many celiac disease patients. The struggle with food insecurity is also amplified by the following facts:

- On average, gluten-free products are less available and approximately 183 percent more expensive than their gluten-containing counterparts.⁵
- Despite celiac disease being a lifelong, autoimmune health condition, there is no insurance coverage or financial provision for the only approved, evidence-based medical treatment, a gluten-free diet.
- For celiac disease patients, gluten-free foods must be carefully prepared to avoid cross-contact with foods containing gluten. The FDA requires that foods labeled gluten-free contain less than 20 ppm of gluten.
- Food banks and pantries often don’t carefully label gluten-free products or carry a diverse inventory of gluten-free products, and the gluten-free products are not distributed to the people who really need them.⁶
- Schools and other congregate meal environments typically offer limited, if any, gluten-free options.
- It is recommended that celiac disease patients and/or their caregivers consult with a registered dietitian trained in celiac disease to understand what foods they can eat, how those can be best prepared, and ensure that nutritional needs are optimally met when following a diet which eliminates gluten-containing foods.

Additionally, recent research from Boston Children's Hospital on **food insecurity in a pediatric celiac community found that 24 percent of patients experienced general food insecurity over a 12-month period.** When asked specifically about gluten-free food, 27 percent of the patients experienced food insecurity over a 12-month period. **The research also identified that intentional gluten ingestion due to unavailability of GF foods rose during the pandemic and was more likely among those who screened positive for food insecurity.**

Proposed Rule: Comments and Further Considerations

We strongly urge the USDA to consider further accommodation in the WIC program for celiac disease patients, to ensure that the proposed rule and resulting updated WIC program changes reflect and incorporate the Food is Medicine/Pillar 2 provisions of the National Strategy on Hunger, Nutrition, and Health.

- **We support the release on package size and substitution options in the proposed rule,** which will **enhance flexibility and increase access to food necessary for celiac disease and dietary-restricted patients** and consumers.
- **We support the additional variety and cultural options that will accommodate the diverse needs of program participants across the country,** including the permanent Cash Value Benefit increase, offering families enhanced fruit, vegetable, and seafood options – **all of which are naturally gluten-free foods** – as these provisions will likely improve health outcomes.
- **We request that State Agencies be required to authorize at least one form of gluten-free bread that aligns with federal definitions for gluten-free bread,** to provide accommodation for celiac disease patients.
- **We request that whole grains such as buckwheat, amaranth, quinoa, and teff, that meet nutrient/fortification requirements be allowed to be redeemed as both a whole grain benefit and a cereal benefit – as is the case with oats –** to provide accommodation for celiac disease patients.

By incorporating the concerns of the celiac disease patient community, including the aforementioned requests, the USDA will ensure that the concerns of the more than 3 million Americans with celiac disease – and the thousands yet to be diagnosed – are included in the final rule and resulting WIC program. We also respectfully request that any future recommendations be tailored to accommodate the gluten-free diet – the only approved treatment for celiac disease.

To that end, please consider we the undersigned available at your convenience for further discussion and consultation regarding these requests.

Thank you for your leadership on these critical updates to the WIC Food Package Proposed Rule, and for what these changes mean for participants across the country. We appreciate the opportunity to contribute to this important conversation.

Sincerely,

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Cincinnati Children's Hospital Celiac Disease Center

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Kogan Celiac Center

Mayo Clinic

North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

National Celiac Association

Nationwide Children's Hospital, Celiac Disease Center

Seattle Children's Hospital Celiac Disease Program

Stanford Medicine Children's Health Center for IBD and Celiac Disease

UCLA Celiac Disease Program

University of Chicago Celiac Disease Center

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Citations

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