

October 1, 2025

The Honorable Annessa Hartman, Chair  
The Honorable Anna Scharf, Co-Vice Chair  
The Honorable Jules Walters, Co-Vice Chair  
House Interim Committee on Early Childhood and Human Services  
900 Court Street NE  
State Capitol  
Salem, OR 97301

**SUBJECT: H.R. 1 Impacts on Oregon's Women, Infants, and Children Program (WIC) and Nutrition**

Dear Chair Hartman, Vice-Chairs Scharf and Walters, and Committee Members:

As the Director of the Public Health Division in the Oregon Health Authority, I am writing to share the impacts of House Resolution 1 (H.R. 1) on the Oregon Women, Infants, and Children (WIC) Program. Current indications are that the budgets proposed by the House, Senate, and White House all provide full funding for WIC. In Oregon, WIC is almost entirely federally funded, with only a small state match for the Farmers Market program coming from state funds. H.R. 1 has indirect impacts on the Oregon WIC Program and its participants.

WIC can use adjunct eligibility for those on Oregon Health Plan (OHP), Temporary Assistance for Needy Families (TANF), and the Supplemental Nutrition Assistance Program (SNAP), as those individuals are automatically income-eligible for WIC. If families in Oregon lose OHP or SNAP benefits, they are no longer adjunctly eligible, and those participants must provide proof of family income to the WIC program. This increases the participant's burden and the program's administrative costs. Currently, about 93% of WIC participants are on OHP, 55% are on SNAP, and 10% are on TANF.

Oregon WIC is currently able to provide WIC services to all categorically and income-eligible individuals living in the state of Oregon. Referrals are welcome, and organizations can refer participants to the program using this link:

<https://www.oregon.gov/oha/PH/HealthyPeopleFamilies/wic/Pages/index.aspx>

Please note that fathers, custodial grandparents, and foster parents can apply for children under age five in their care.

Although Oregon WIC will be able to provide nutrition and breastfeeding education, health screening, supplemental foods, and referrals to community partners and organizations, other sources of nutrition support may be reduced by H.R. 1. The following are some impacts of poor nutrition security on developing children.

- Nutritional status can impact brain development during several key periods of brain formation: pregnancy, early childhood, and adolescence.<sup>1</sup>
- Food insecurity in children is linked to:
  - Poorer academic outcomes,
  - Lower IQ and reading and math scores,
  - Decreased school attendance and,
  - Higher rates of dropping out of school.
  - Behavioral and emotional problems, including poor social skills and hyperactivity.<sup>2</sup>
- Food insecurity among adults and families is linked to a higher rate of emergency room visits and is associated with delays in receiving care or obtaining medications.<sup>3</sup>

Sincerely,



Naomi Adeline-Biggs, MBBS, MPH  
Director, Public Health Division

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<sup>1</sup> Cusick SE, Georgieff MK. The Role of Nutrition in Brain Development: The Golden Opportunity of the “First 1000 Days”. The Journal of Pediatrics 2016;175: 16-21. Available from <http://dx.doi.org/10.1016/j.jpeds.2016.05.013>.

<sup>2</sup> Frongillo EA, Adebisi VO, Boncyk M. Meta-review of child and adolescent experiences and consequences of food insecurity. Global Food Security 2024;41. Available from <https://doi.org/10.1016/j.gfs.2024.100767>.

<sup>3</sup> Park S, Chen J, Vargas Bustamante, A. Adverse Consequences of Food Insecurity Among U.S. Adults Beyond Health Outcomes. American Journal of Preventive Medicine 2024;66; 146-153. Available from <https://doi.org/10.1016/j.amepre.2023.09.003>.