

# PSR<sup>®</sup> Physicians for Social Responsibility



United States Affiliate of International Physicians for the Prevention of Nuclear War

March 10, 2014

John Shimkus, Chair  
House Energy and Commerce Committee,  
Subcommittee on the Environment and the  
Economy

Representative Fred Upton, Chair  
House Energy and Commerce Committee

Representative Paul Tonko, Ranking  
Member  
House Energy and Commerce,  
Subcommittee on Environment and  
the Economy

Representative Henry Waxman,  
Ranking Member  
House Energy and Commerce  
Committee

RE: Chemicals in Commerce Act

SENT VIA ELECTRONIC MAIL

Dear Chairman Shimkus, Chairman Upton, Ranking Member Tonko and Ranking Member Waxman,

Physicians for Social Responsibility and its chapters represent thousands of health professionals across the U.S. who care deeply about the health of our communities and believe prevention is the answer to rising disease rates and health care costs. Strong evidence exists *now* that toxic chemicals in the environment are significant causes of diseases, particularly in vulnerable populations such as pregnant women, the developing child, workers, and communities surrounded by polluting facilities. The Chemicals in Commerce Act (CICA) fails to reduce exposures to hazardous chemicals in our air, water and consumer products, and it does nothing to protect the health of vulnerable populations. Because of this we strongly *oppose* CICA.

CICA falls short of health protective chemicals policy reform in many ways including the following critical issues:

- It keeps Toxic Substance Control Act's (TSCA) failed approach to establishing chemical safety. The burden of proof falls on the EPA to prove a chemical poses an "unreasonable risk," rather than on chemical companies to prove the safety of their products. (Using this approach, TSCA was unable to ban even asbestos, a known carcinogen.)
- It does not offer protection to vulnerable populations at greater risk of health impacts due to toxic chemical exposures. Specifically, it leaves out disadvantaged communities in the definition of "potentially exposed subpopulations" which is used to determine how a chemical is prioritized for review.
- It requires the EPA to consider the economic benefits of a chemical against whether the chemical causes adverse health impacts like cancer or learning disabilities instead of basing decisions solely on health.

- Preemption of state authority is significant. States would no longer be able to regulate a chemical once the EPA designates it as low priority, nor could they adopt more-protective regulations on chemicals designated as high priority.
- It goes against the National Academy of Science's recommendations for how chemical safety should be assessed.
- It does not require companies to submit minimum health and safety data to the EPA -- data that is necessary to review new chemicals before they go on the market.
- It violates the right of the public to know what toxic chemicals are contained in the products we buy and use in our everyday lives.
- It also impedes the ability of health professionals to treat patients for exposure to toxic substances by allowing companies to withhold critical information on products' chemical identity. The medical community must have ready access to confidential information on chemicals that might harm or otherwise affect public health in order to fulfill its duties. Health professionals must have specific information on chemicals that the community encounters on a daily basis in order to determine whether particular exposures are relevant to their patients' health or safety.

Besides the above public health deficiencies, CICA also fails as a functioning regulatory program. It would not require the chemical industry to pay fees to defray the cost of ensuring the safety of chemicals. It would not establish meaningful deadlines for regulatory action on chemicals. Finally, it does not require that EPA conduct a minimum number of chemical reviews annually.

The longer we wait to put forth real reform that reduces preventable causes of disease, the longer chronic diseases will continue to rise. Between 1997 and 2008, there was a 17% increase in the prevalence of developmental disabilities in children. The incidence of most childhood cancers has increased in the U. S. over the past three decades; acute lymphocytic leukemia increased by 73% and primary brain cancer by 70% percent from 1975 through 2010. Research released this past February reveals the number of chemicals known to be toxic to children's developing brains has doubled over the past seven years. Sixty-seventy percent of abnormal brain development cases (which can lead to conditions such as autism or ADHD) are attributed to the child's environment.

Chronic diseases cost lives and drive up healthcare spending in the U.S., and toxic chemicals add significantly to those costs. A 2011 study found that \$76.6 billion in children's health care costs, lost work hours and reduced IQ points are attributable to toxic chemicals and air pollutants. BPA, a chemical found in polycarbonate plastics, canned food containers and thermal paper, contributes to childhood obesity and adult coronary heart disease; the BPA-associated costs of these two epidemics comes to \$2.98 billion annually. Fixing our broken system of chemical regulation will reduce the financial toll of disease and take pressure off the overburdened healthcare system.

Unfortunately, the CICA keeps many of the same failed standards written into the TSCA and even weakens some of EPA's current ability to regulate chemicals on the market. We therefore ask the House Energy and Commerce Environment and the Economy Subcommittee to replace this flawed bill with legislation that embraces the core principles of toxics reform that is truly health-protective: require that chemicals be shown safe to remain in use; address the special vulnerabilities of children, pregnant women, workers, and communities heavily affected by toxic chemicals; preserve the power of state government to regulate chemicals; increase access to health and safety information on chemical hazards; authorize the EPA to regulate known bad actor chemicals; and establish a safety standard that is entirely and effectively health-based.

Sincerely,

Catherine Thomasson, Physicians for Social Responsibility

Chris Masey, Physicians for Social Responsibility-Texas

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Marybeth Dunn, Physicians for Social Responsibility-Florida

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