

Testimony in Support of:

S. 239, An Act Relating to Regulating Toxic Substances

April 17, 2014

House Committee on Fish, Wildlife and Water Resources

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Overall, we are supportive of the latest draft of S. 239 released in committee yesterday, April 16th and appreciate the efforts made to pursue balanced and informed decisions around this very important issue.

The latest draft more closely resembles the original intent of the bill by allowing the Department of Health to actually regulate toxic chemicals based on close consultation with industry experts, health professionals and stakeholders.

However, we have serious **concerns around the limited scope of products and strongly encourage the committee to incorporate language pertaining to ALL consumer products.**

Preconception and prenatal exposure to toxic environmental agents can have a profound and lasting effect on reproductive health **across the life course**. Exposure to certain chemicals has been documented to increase the risk of cancer in childhood; altered semen quality, sterility, and prostate cancer; and postnatal exposure to certain chemicals can interfere with all developmental stages of reproductive function in adults, including puberty, menstruation and ovulation, fertility and fecundity, and menopause.

Timely action on ALL consumer products is a public health priority. Taking infertility as an example, it is unacceptable to us as a health care provider to not to do all that we can for our patients knowing that the anguish that they suffer could have been avoided through this sort of legislative effort.

§ 1779. VIOLATIONS; ENFORCEMENT (c) **Page 29 Line 19**

Sec. 3. REPORT TO GENERAL ASSEMBLY; TOXIC CHEMICAL 1 IDENTIFICATION

(8) A recommendation as to whether the requirements of this chapter 19 should be expanded to consumer products other than children's products.

We strongly urge you to consider these options to expand the scope to consumer products over time. Approaches could include:

1. **Time trigger.** Children's products are included upon passage. Consumer products, as defined in the bill, are included, effective on July 1, 2017.
2. **Tiered trigger.** Children's products are included upon passage. All cosmetics are included, effective July 1, 2017. Household cleaning products are included, effective July 1, 2018. [With additional product classes that pose a concern to public health laid out over time.]
3. **Rule trigger.** Children's products are included upon passage. The Commissioner of Health, in consultation with the Working Group, will propose a rule to expand the program to additional consumer products by July 1, 2017

Additionally, we strongly support adjusting the **Definition of "Children's Product (pg 5, line 18)** to reflect the Vermont definition previously used to ensure consistency and is ultimately more protective:

- o Proposed language (as used in Vermont's lead in consumer products law, 9 V.S.A., Chapter 63, Subchapter 1C): "Children's product" means any consumer product marketed for use by children under the age of 12, or whose substantial use or handling by children under 12 years of age is reasonably foreseeable, including toys, furniture, jewelry, vitamins and other supplements, personal care products, clothing, food, and food containers and packaging.

According to a 2013 study by the Federal Reserve Board of Governors, in the past 70 years the manufacture and use of industrial chemicals has increased more than 15-fold. Due to the lack of regulatory structure, most environmental chemicals in commerce are regularly used without comprehensive research into their reproductive or other long-toxic effects.

Many thanks for your time and please remember that all Vermonters should be guaranteed that their own efforts to stay healthy aren't undermined by exposure to toxins they aren't even aware of. Planned Parenthood of Northern New England urges you to support S. 239.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Exposure to Toxic Environmental Agents

**The American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women
American Society for Reproductive Medicine Practice Committee
The University of California, San Francisco Program on Reproductive Health and the Environment**

This document was developed by the American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women and the American Society for Reproductive Medicine Practice Committee with the assistance of the University of California, San Francisco (UCSF) Program on Reproductive Health and the Environment. The Program on Reproductive Health and the Environment endorses this document. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Reducing exposure to toxic environmental agents is a critical area of intervention for obstetricians, gynecologists, and other reproductive health care professionals. Patient exposure to toxic environmental chemicals and other stressors is ubiquitous, and preconception and prenatal exposure to toxic environmental agents can have a profound and lasting effect on reproductive health across the life course. Although exposure to toxic environmental chemicals is universal, harmful environmental exposure is inequitably and unequally distributed, which leaves some populations, including underserved women, more vulnerable to adverse reproductive health effects than other populations. Because individuals alone can do little about exposure to toxic environmental agents, the authoritative voice of health care professionals in policy arenas is critical to translating emerging scientific findings into prevention-oriented action on a large scale. The evidence that links exposure to toxic environmental agents and adverse reproductive and developmental health outcomes is sufficiently robust, and the American College of Obstetricians and Gynecologists (the College) and the American Society for Reproductive Medicine (ASRM) join leading scientists and other clinical practitioners in calling for timely action to identify and reduce exposure to toxic environmental agents while addressing the consequences of such exposure.

Reproductive Environmental Health

Robust scientific evidence has emerged over the past 15 years, demonstrating that preconception and prenatal exposure to toxic environmental agents can have a profound and lasting effect on reproductive health across the life course (1–9). Exposure to toxic environmental agents also is implicated in increases in adverse reproductive health outcomes that emerged since World War II; these changes have occurred at a relatively rapid rate that cannot be explained by changes in genetics alone, which occur at a slower pace. Current evidence is not sufficient to explain cause and effect, but it can illustrate health outcome patterns over time as outlined in Table 1.

The environmental drivers of reproductive health are many and varied. Of critical concern for reproductive health professionals is the ubiquitous patient exposure to manufactured chemicals and metals. In the past 70 years, the manufacture and use of industrial chemicals has increased more than 15-fold (10). Currently, in the United States, approximately 700 new chemicals are introduced into commerce each year, and more than 84,000 chemical substances are listed by the U.S. Environmental Protection Agency (EPA) for manufacturing, processing, or importing (11–12); overall, approximately 3,000 of these chemicals are used or imported in high volumes (greater than 1 million pounds) (11). Because of deficiencies in the current regulatory structure, unlike pharmaceuticals, most environmental chemicals in commerce have entered the marketplace without comprehensive and standardized research into their reproductive or other long-term toxic effects (13, 14).

Environmental chemicals are pervasive in all aspects of patients' lives, including those found in the air, water, soil, food, and consumer products. As a result, among pregnant women, daily exposure to various toxic chemicals is now the norm. An analysis of National Health and Nutrition Examination Survey data from 2003 to 2004 found that virtually every pregnant woman in the United States was exposed to at least 43 different chemicals (15).

Chemicals in pregnant women can cross the placenta, and in some cases, such as with methyl mercury, can accumulate in the fetus, resulting in higher fetal exposure than maternal exposure (16–18). The 2008–2009 National Cancer Institute's President's Cancer Panel report observed that "to a disturbing extent babies are born 'pre-polluted'" (3). Prenatal exposure to certain environmental chemicals is linked to various health consequences that can manifest across the lifetime of individuals and potentially be transmitted to the next generation (4). Table 2 presents examples of prenatal exposure to environmental contaminants that are associated with reproductive and developmental health outcomes that manifest at birth or are delayed until childhood or adulthood.