



**Connecticut  
Public Health  
Association**

Promoting Public Health in Connecticut Since 1916

Tracey Scraba  
*President*

Renee Coleman-Mitchell  
*President-elect*

Bill Derech  
*Treasurer*

Philip Greiner  
*Secretary*

Joan Segal  
*Immediate Past-President*

**Board of Directors**

Vani Anand  
Ashika Brinkley  
William Faraclas  
Delores Greenlee  
Monica Haugstetter  
Steven Huleatt  
Andrea Lombard  
David Mack  
Marty Mancuso  
Rasy Mar  
Richard Matheny  
Mary Nescott  
Alyssa Norwood  
Elaine O'Keefe  
Kimberly Pelletier  
Baker Salsbury  
Cyndi Billian Stern  
Kristin Sullivan  
Kathi Traugh  
Tracy Van Oss

**CPHA Staff**

Annamarie Beaulieu  
Eileen Kehl  
Jon Noel

CPHA is an affiliate  
of the American Public  
Health Association

**TESTIMONY OF THE CONNECTICUT PUBLIC HEALTH ASSOCIATION  
REGARDING  
*H.B. 5130, AN ACT CONCERNING CHILD SAFE PRODUCTS.***

**ENVIRONMENT COMMITTEE  
MARCH 1, 2010**

Chairman Meyer, Chairman Roy, distinguished members of the Environment Committee, my name is Annamarie Beaulieu and I thank you for the opportunity to testify today on behalf of the Connecticut Public Health Association (CPHA). CPHA is pleased to support H.B. 5130, which would establish a process for state agencies to work together to identify and phase out several of the most hazardous chemicals in children's products at one time.

Connecticut's legislators have worked very successfully over the past few years to phase out lead, asbestos and BPA from children's products and some consumer goods. However, many dangerous chemicals remain on the market and in children's products. A growing number of scientific studies show that numerous toxic chemicals are linked with chronic diseases including certain cancers, developmental disorders, birth defects and reproductive health issues [1,2,3]. These diseases result in enormous societal and economic costs and contribute to an overburdened health care system [1]. For example it is estimated that \$2.3 billion are spent each year on children's medical costs due to cancer, asthma and behavioral disorders that are associated with toxic chemicals [1,4]. Fortunately, these costs are preventable by identifying and phasing out toxic chemicals in consumer products and replacing them with safer alternatives where they exist.

Since the passing of the Toxic Control Act of 1976, some 80,000 chemicals have been created, the majority of which are not adequately tested for their effects on human health [1,3,5]. Before using new chemicals in consumer products, current federal regulations do not require manufacturers to prove their safety--the burden falls to the end user to demonstrate that a chemical is toxic [5]. Of the tens of thousands of chemicals currently in use, the EPA has only mandated testing for safety on 200 chemicals [1,3]. In addition, only 12 of the 3,000 most commonly used chemicals have been tested for safety in children and pregnant women [1]. In efforts to address this issue, other states including Maine, California and Washington, have already enacted legislation similar to *H.B. 5130*, or have passed legislation phasing out the chemicals of highest concern in children's products [5,6,7,8]. Several leading medical groups have also called attention to the problem of toxic chemical exposures, including the American Medical Association, the American Academy of Pediatrics and the Endocrine Society [1].

There are over 30 years of research and evidence linking chemicals to a multitude of diseases in children and adults [1,5]. Research now shows that lead, mercury and other neurotoxic chemicals can cause significant damage to the developing brain, at levels previously considered safe [1]. Hundreds of chemicals have been found to trigger asthma attacks in the U.S. [1]. In 2008, the prevalence of asthma was nearly 10% of all children in the United States and 16% of Black Hispanic children [1]. It is estimated that 30% of childhood asthma is caused by toxic chemicals in the child's environment [1,9].

Research also shows that exposure to toxins in utero and in early childhood is linked to childhood cancers, especially leukemia and brain cancer, which have increased 20% since 1975 [1,9]. Cancer is the second most common cause of death for Americans under age 20, and it is estimated that at least 5% of childhood cancers are due to toxic substances [1,4].

There is ample evidence demonstrating that prenatal exposure to phthalates and other endocrine disruptors is linked with reproductive tract disorders, certain cancers and birth defects [1,2,10]. The Centers for Disease Control (CDC) reports that some common chemicals and metals such as Bisphenol A (BPA), phthalates and cadmium, which are commonly found in many consumer products, can be detected in the bodies of most people at levels shown to cause reproductive abnormalities [1]. The recent trend towards early puberty and menstruation in girls is also linked to endocrine disrupting chemicals such as phthalates which are found in plastics, vinyl, and personal hygiene products [1,10]. Infants are also exposed to these chemicals as well as formaldehyde found in baby furniture, cribs, strollers and teething toys [1,2].

There are enormous public health, economic and human costs associated with the presence of toxic chemicals and metals in our children's environments. Currently, we spend \$7,000 per person per year on healthcare in the U.S.--this does not include the additional health care and social services costs of disability, the costs of unemployment or the loss of productivity associated with chronic disease [1]. Phasing harmful chemicals and metals out of children's products may reduce the incidence of disease associated with toxic chemicals, contribute to a reduction in overall health care expenditures, and ultimately improve health outcomes [1]. The adaptation of a list of chemicals of high concern will more effectively address the issue of illness related to toxic chemical exposures. The Connecticut Public Health Association supports the reduction and phase out of toxic chemicals in consumer goods including children's products and urges members of the Environment Committee to act in favor of H.B. 5130. CPHA thanks you for your continued dedication to the health and well being of Connecticut's children and residents.

## References

1. Safer Chemicals. Healthy Families. (2010, January). *The Health Case for Reforming the Toxic Substances Control Act*. Retrieved from <http://healthreport.saferchemicals.org/>
2. Schwartz, Jackie M. & Woodruff, Tracy J. (2008, September) *Shaping Our Legacy: Reproductive Health and the Environment*. Retrieved from, University of California, San Francisco, Department of Obstetrics, Gynecology and Reproductive Sciences Web site: <http://www.prhe.ucsf.edu/prhe/pubs/shapingourlegacy.pdf>
3. Landrigan, Philip J. (2010, January 16). What Causes Autism? Exploring the Environmental Contribution. *Current Opinion in Pediatrics*. doi: 10.1097/MOP.0b013e328336eb9a
4. Landrigan Philip J. et al. (2002, July). "Environmental Pollutants and Disease in American Children: Estimates of Morbidity, Mortality and Costs for Lead Poisoning, Asthma, Cancer and Developmental Disabilities." *Environmental Health Perspectives*, 110 (7). 721-8.
5. Center for Environmental Health (2008). Oakland, CA, U.S. Web site: [www.ceh.org](http://www.ceh.org)
6. Maine Department of Environmental Protection. (n.d.). *Chemicals of High Concern List*. Retrieved from [www.maine.gov](http://www.maine.gov)
7. Washington State Legislature. *Prohibition on the manufacturing and sale of children's products containing lead, cadmium, or phthalates*. Retrieved from: <http://apps.leg.wa.gov/RCW/default.aspx?cite=70.240.020>
8. Department of Toxic Substances Control. (2009, May). *California's Lead Containing Jewelry Law, Fact Sheet*. Retrieved from [www.ca.gov](http://www.ca.gov)
9. Environmental Protection Agency (2008) *America's Children and the Environment*. Washington, D.C., U.S. Retrieved from <http://www.epa.gov/economics/children/>
10. Crain, Andrew D. et al. (2008, October). Female reproductive disorders: the roles of endocrine-disrupting compounds and developmental timing. *Fertility and Sterility* 90(4), 911-940.