



Senate

General Assembly

File No. 108

February Session, 2014

Substitute Senate Bill No. 126

Senate, March 25, 2014

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING CHILDREN'S EXPOSURE TO CHEMICALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective from passage*) For purposes of this section:
- 2 (1) "Chemical" means (A) a substance with a distinct molecular
3 composition, or (B) a group of structurally-related substances.
4 "Chemical" includes the breakdown products of the substance or
5 substances that form through decomposition, degradation or
6 metabolism; and
- 7 (2) "Priority chemical" means a chemical identified by the
8 Commissioner of Public Health that is known, on the basis of credible
9 scientific evidence, to: (A) Harm the normal development of a fetus or
10 child or cause other developmental toxicity; (B) cause cancer, genetic
11 damage or reproductive harm; (C) disrupt the endocrine system; (D)
12 damage the nervous system, immune system or organs or cause other
13 systemic toxicity; (E) be persistent, bioaccumulative and toxic; or (F) be
14 very persistent and very bioaccumulative.

15 Sec. 2. (NEW) (*Effective from passage*) (a) Not later than January 1,
16 2015, the Commissioner of Public Health, in consultation with the
17 Commissioner of Energy and Environmental Protection and the
18 Commissioner of Consumer Protection, shall create and maintain a list
19 of priority chemicals that are of high concern after considering a child's
20 or developing fetus's potential for exposure to each chemical. The
21 Commissioner of Public Health may include on the list priority
22 chemicals that (1) are published on a list of harmful chemicals created
23 by a state or federal government agency, or (2) meet one or more of the
24 following criteria: (A) Credible biomonitoring studies have
25 demonstrated the presence of the chemical in human umbilical cord
26 blood, breast milk, urine or other bodily tissues or fluids; (B) the
27 priority chemical has been found through sampling and analysis to be
28 present in household dust, indoor air, drinking water or elsewhere in
29 the home environment; or (C) the priority chemical has been added to
30 or is present in a consumer product used or present in the home.

31 (b) Said commissioners shall review and revise the list of priority
32 chemicals at least once every two years and shall consider adding
33 priority chemicals that meet the criteria set forth in subdivisions (1)
34 and (2) of subsection (a) of this section to said list.

35 (c) Not later than July 1, 2015, and biennially thereafter, the
36 Commissioner of Public Health shall report to the joint standing
37 committee of the General Assembly having cognizance of matters
38 relating to public health on the status of the list of priority chemicals
39 created and maintained in accordance with this section. Such report
40 shall include, but need not be limited to: (1) Recommendations to
41 reduce children's exposure to priority chemicals on the list; (2) a list of
42 products that contain priority chemicals on the list and that may lead
43 to a child's exposure to a priority chemical; (3) a summary of actions
44 taken in other states to restrict children's exposure to priority
45 chemicals on the list; (4) an evaluation of the advantages and
46 disadvantages of measures to reduce children's exposure to priority
47 chemicals on the list, including reporting, product labeling, public
48 advisories, product bans and steps to phase out the sale of products;

49 and (5) an assessment of the feasibility of phasing out or banning
 50 products containing priority chemicals on the list, including an
 51 analysis of the feasibility of replacing the use of priority chemicals with
 52 safer chemicals in such products.

53 (d) The Commissioner of Public Health may require persons located
 54 in the state who manufacture or distribute products intended for
 55 children that contain priority chemicals on the list to conduct an
 56 assessment of the feasibility of replacing such priority chemicals with
 57 safer alternatives in such products and to report to the commissioner
 58 concerning the results of such assessment. The commissioner may
 59 include a summary of any such reports received from such
 60 manufacturers or distributors in the report described in subsection (c)
 61 of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section

Statement of Legislative Commissioners:

Throughout section 2, "chemical" was changed to "priority chemical", for internal consistency; in section 2(a), the phrase "of high concern to children" was changed to "of high concern", for clarity; in section 2(c), the phrase "section 2 of this act" was changed to "this section", for clarity; throughout section 2(c) and in section 2(d), the phrase "chemicals on the priority list" was changed to "priority chemicals on the list", for clarity and internal consistency; and in section 2(d) "such chemicals" was changed to "such priority chemicals" for internal consistency.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

There is no fiscal impact from requiring the Department of Public Health (DPH), in consultation with other departments, to create a list of priority chemicals of high concern and revise this list biennially. Likewise, should DPH request certain feasibility reports, there is no fiscal impact to the agency from summarizing these reports in its report to the Public Health Committee.

Three other states have lists of chemicals of high concern: Maine ("Chemicals of High Concern"), Minnesota ("Chemicals of High Concern - Priority Chemicals") and Washington ("Reporting List of Chemicals of High Concern to Children). These lists are available online and include links to the scientific research that informed the inclusion of chemicals in their lists. As DPH has toxicologists on staff with expertise to review this existing research and as there is no requirement for the number of priority chemicals that must be included on this list, there is no fiscal impact to DPH anticipated from this requirement.

The Out Years

State Impact: None

Municipal Impact: None

Sources: *Maine Department of Environmental Protection*
www.maine.gov/dep/safechem/highconcern/
Minnesota Department of Health

www.health.state.mn.us/divs/eh/hazardous/topics/toxfreekids/priority.html
Washington Department of Ecology
www.ecy.wa.gov/programs/swfa/cspa/chcc.html

OLR Bill Analysis**sSB 126*****AN ACT CONCERNING CHILDREN'S EXPOSURE TO CHEMICALS.*****SUMMARY:**

This bill requires the public health (DPH) commissioner, in consultation with the energy and environmental protection and consumer protection commissioners, to create and maintain a list of priority chemicals that are of high concern after considering the potential exposure to children and developing fetuses. The list must be created by January 1, 2015. The commissioners must review and revise the list every two years.

The bill requires the DPH commissioner to report to the Public Health Committee by July 1, 2015 and biennially thereafter regarding the status of the list of priority chemicals.

It also authorizes the DPH commissioner to require anyone in the state who manufactures or distributes children's products that contain chemicals on the priority list to assess the feasibility of replacing those chemicals with safer alternatives and report to the commissioner with the results.

EFFECTIVE DATE: Upon passage

PRIORITY CHEMICALS**§ 1 — *Definition***

Under the bill, priority chemicals are chemicals identified by the DPH commissioner that, based on credible scientific evidence, are known to (1) harm normal development of a fetus or child or cause other developmental toxicity; (2) cause cancer, genetic damage, or reproductive harm; (3) disrupt the endocrine system; (4) damage the nervous system, immune system, or organs or cause other systemic

toxicity; (5) be persistent, bioaccumulative, and toxic; or (5) be very persistent and very bioaccumulative. (Persistence refers to the ability of a chemical to resist degradation, and bioaccumulation refers to the accrual of substances or other organic chemicals in an organism.)

§ 2 — Priority Chemical List

The DPH commissioner may include on the list chemicals that are published on a list of harmful chemicals created by a state or federal agency or that meet at least one of the following criteria:

1. credible biomonitoring studies have shown the chemical to be present in human umbilical cord blood, breast milk, urine, or other bodily tissues or fluids;
2. the chemical has been found through sampling and analysis to be present in household dust, indoor air, drinking water, or elsewhere in the home environment; or
3. the chemical has been added to, or is present in, a consumer household product.

§ 2 — Reporting

Under the bill, the DPH commissioner must report to the Public Health Committee on the status of the list of priority chemicals every two years, with the first report due July 1, 2015. The report must include at least:

1. recommendations to reduce children's exposure to chemicals on the priority list;
2. a list of products containing chemicals on the list and that may lead to a child's exposure to such a chemical;
3. a summary of actions in other states to restrict children's exposure to such chemicals;
4. an evaluation of the advantages and disadvantages of measures to reduce children's exposure to chemicals on the list, including

reporting, product labeling, public advisories, product bans, and steps to phase out the sale of products; and

5. an assessment of the feasibility of phasing out or banning products containing priority chemicals, including the feasibility of replacing the use of priority chemicals with safer chemicals in those products.

The commissioner can include in her report a summary of feasibility reports she receives from in-state manufacturers and distributors.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 17 Nay 8 (03/10/2014)