

**TESTIMONY OF THE INTERNATIONAL FORMULA COUNCIL
BEFORE THE CONNECTICUT JOINT COMMITTEE ON ENVIRONMENT
REGARDING HB 5116 – AN ACT REQUIRING THE LABELING OF FOOD PACKAGING THAT
CONTAINS BISPHENOL-A
MARCH 7, 2012**

The International Formula Council (IFC) appreciates the opportunity to comment on House Bill 5116. The IFC is an association of manufacturers and marketers of formulated nutrition products, e.g., infant formulas and adult nutritionals, whose members are predominantly based in North America.

The IFC supports the state's desire to protect its citizens from potentially harmful chemicals. The primary focus of the IFC and its member companies is and will always remain the health and welfare of infants and young children. The product we manufacture, infant formula, is the most highly regulated food in the world and continues to be the only safe, nutritious and recommended alternative to breast milk. To that end, we respectfully oppose House Bill 5116, which would require labeling on all foods whose packaging contains bisphenol A (BPA).

Scientific consensus on potential health risks from BPA does not exist, and current evidence does not support BPA labeling on food packaging. Moreover, the U.S. Food and Drug Administration (FDA) recently agreed to provide an updated assessment on the safety of BPA in food packaging by March 31, 2012. The Committee may find benefit in allowing the FDA to publish their findings prior to taking any state legislative action

Recent scientific studies continue to confirm that BPA is safe for use in food applications. In December 2011, Food Standards Australia New Zealand (FSANZ) stated "the overwhelming weight of scientific opinion [regarding BPA] shows no human health and safety concerns at the levels people are exposed to."ⁱ In June 2011, a robust clinical exposure study funded by the U.S. Environmental Protection Agency and carried out by researchers from the FDA and the Centers for Disease Control and Prevention found that BPA concentrations in the blood are extremely low, including periods of high dietary exposure.ⁱⁱ

In addition, many international regulatory and health organizations have supported the safety of BPA:

- In December 2011, the European Food Safety Authority (EFSA) upheld its 2006 Tolerable Daily Intake (TDI) level for BPA of 0.05 mg/kg body weight. Over the past five years, EFSA has continuously evaluated new scientific information regarding BPA and repeatedly upheld the TDI, implying BPA does not pose a risk to human health.ⁱⁱⁱ
- In November 2010, the World Health Organization, following an expert meeting to review the toxicological and health aspects of BPA, concluded that the "initiation of public health measures [to address BPA] would be premature."^{iv}
- In January 2010, the FDA reaffirmed the safety of BPA for use in all food contact applications, noting studies employing standardized toxicology tests support safety at current low levels of human exposure.^v

* IFC members are: Abbott Nutrition; Mead Johnson Nutrition; Nestlé Infant Nutrition; PBM Products, LLC, A Perrigo Company; and Pfizer Nutrition.

- Health Canada has conducted numerous surveys of BPA in foods and beverages, including infant formula, and repeatedly stated: “The current dietary exposure to BPA through food packaging is not expected to pose a health risk to the general population, including infants and young children,” and, “The nutritional benefits of baby food products far outweigh any possible risk.”^{vi}

Mandatory labeling of foods whose packaging contains BPA could also be confusing to consumers and cause unnecessary alarm. Manufacturers are permitted to voluntarily label their products as not containing BPA, so consumers have the option to purchase such products if desired. In addition, mandatory labeling would create an undue burden on manufacturers and retailers, without benefitting public health and safety.

In summary, mandatory labeling on foods whose packaging containing BPA is not justified by the totality of the scientific evidence and does not provide any meaningful benefit to consumers. In fact, such labeling will likely have the opposite effect – creating confusion and unnecessary alarm. For these reasons, IFC opposes House Bill 5116.

ⁱ Food Safety Australia New Zealand. Consumer Information on Bisphenol A. December 2011.

<http://www.foodstandards.gov.au/consumerinformation/bisphenolabpa/>

ⁱⁱ Teeguarden JG, et al. 24-Hour Human Urine and Serum Profiles of Bisphenol A During High Dietary Exposure. Toxicological Sciences (2011). <http://toxsci.oxfordjournals.org/content/early/2011/06/24/toxsci.kfr160>

ⁱⁱⁱ European Food Safety Authority Panel on Food Contact Materials, Enzymes, Flavourings and Processing Aids (CEF). Statement on the ANSES reports on bisphenol A. December 2011.

<http://www.efsa.europa.eu/en/efsajournal/pub/2475.htm>

^{iv} World Health Organization. Summary of November 2010 Expert Meeting to Review the Toxicological and Health Aspects of BPA. http://www.who.int/foodsafety/chem/chemicals/bisphenol_release/en/index.html

^v US Food and Drug Administration. Update on Bisphenol A (BPA) for Use in Foods: January 2010.

<http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm064437.htm>

^{vi} Health Canada, Bureau of Chemical Safety, Food Directorate. Investigation of Storage Time on Potential Bisphenol A Migration into Canned Liquid Infant Formula Stored at Room Temperature. December 2009. <http://www.hc-sc.gc.ca/fn-an/pubs/securit/summ-bpa-temp-eng.php>